

**STATE OF SOUTH CAROLINA  
COUNTY OF OCONEE  
PROCLAMATION 2022-10**

**A PROCLAMATION HONORING MR. DANNY HARRIS, LEAD  
EQUIPMENT FOREMAN, UPON HIS RETIREMENT**

**WHEREAS**, Danny Harris, a resident of Seneca, South Carolina, began working as a full-time, Oconee County employee on March 25, 1996; and

**WHEREAS**, over the years, Mr. Harris served as an Equipment Operator, Lead Equipment Foreman, and has helped tremendously with management of the department when called upon; and

**WHEREAS**, Mr. Harris has a wonderful family whose support and love for one another has been an incredible thing to witness for those lucky enough to know them; and

**WHEREAS**, Mr. Harris has always had a can-do mentality and consistently completes tough assignments while maintaining a positive attitude; and

**WHEREAS**, Mr. Harris has been a pillar of the Roads and Bridges Department, assisting the County through numerous inclement weather events, disasters and on call emergencies; and

**WHEREAS**, he maintained all the gravel roads in the Seneca area for over twenty years, and worked diligently to ensure that all necessary equipment was procured, maintained and repaired in a timely manner; and

**WHEREAS**, after over twenty-six years of service to the citizens of Oconee County, Mr. Harris is retiring on June 15, 2022.

**NOW, THEREFORE**, we, the Oconee County Council, do hereby recognize and express our sincere gratitude for Mr. Harris' dedication and commitment to the County and congratulate him on the occasion of his retirement.

**APPROVED AND ADOPTED** this 7<sup>th</sup> day of June, 2022.

OCONEE COUNTY, SOUTH CAROLINA

\_\_\_\_\_  
John Elliott, Chairman of County Council  
Oconee County, South Carolina

Attest: \_\_\_\_\_  
Jennifer Adams, Clerk to County Council  
Oconee County, South Carolina

**STATE OF SOUTH CAROLINA  
COUNTY OF OCONEE  
PROCLAMATION 2022-11**

**A PROCLAMATION HONORING MS. STELLA ROBERTA WILLIAMS,  
SENIOR RECORDS SPECIALIST UPON HER RETIREMENT**

**WHEREAS**, Ms. Stella Roberta Williams, a resident of Seneca, South Carolina, began working as a full-time, Oconee County employee on June 1, 1994; and

**WHEREAS**, over the years, Ms. Williams has served in various positions within the Oconee County Sheriff's Office, including Dispatcher and Assistant Chief Dispatcher; and

**WHEREAS**, in August 2001, Roberta became a Records Specialist for the Sheriff's Office and was promoted to Senior Records Specialist in July 2006; and

**WHEREAS**, Ms. Williams has distinguished herself as a dedicated and dependable employee. She is very conscientious and always made sure the i's were dotted and the t's crossed on every document or incident report that crossed her desk; and

**WHEREAS**, skilled, knowledgeable and focused, Ms. Williams has been a vital team member of the Oconee County Sheriff's Office; and

**WHEREAS**, after twenty-eight years of service to the citizens of Oconee County, Ms. Williams will be retiring on July 1, 2022.

**NOW, THEREFORE**, we, the Oconee County Council, do hereby recognize and express our sincere gratitude for Ms. Williams' dedication and commitment to the County and congratulate her on the occasion of her retirement.

**APPROVED AND ADOPTED** this 7th day of June, 2022.

OCONEE COUNTY, SOUTH CAROLINA

\_\_\_\_\_  
John Elliott, Chairman of County Council  
Oconee County, South Carolina

Attest: \_\_\_\_\_  
Jennifer Adams, Clerk to County Council  
Oconee County, South Carolina

STATE OF SOUTH CAROLINA  
COUNTY OF OCONEE  
**PROCLAMATION 2022-12**

**A PROCLAMATION HONORING MR. DANIEL POLK, OCONEE PUBLIC  
LIBRARY BRANCH MANAGER UPON HIS RETIREMENT**

**WHEREAS**, Mr. Daniel Polk, a resident of Salem, South Carolina, began working as a part-time, County employee as a cataloging assistant in August 1996; and

**WHEREAS**, Mr. Polk then served as a Library Assistant and Cataloger until he was promoted to Branch Manager at the Salem location in August 2013; and

**WHEREAS**, Mr. Polk has always been willing to step-up and take on additional responsibilities within the Oconee County Public Libraries, managing the adult summer reading program, starting a book club and planning relevant and timely programming; and

**WHEREAS**, Mr. Polk has provided courteous service to library users, volunteers, and fellow staff and earned the reputation of being conscientious, highly intelligent and compassionate by his peers; and

**WHEREAS**, after twenty-four years of service to the citizens of Oconee County, Mr. Polk will retire on August 2, 2022.

**NOW, THEREFORE**, we, the Oconee County Council, do hereby recognize and express our sincere gratitude for Mr. Polk's dedication and commitment to the County and congratulate him on the occasion of her retirement.

**APPROVED AND ADOPTED** this 7<sup>th</sup> day of June, 2022.

OCONEE COUNTY, SOUTH CAROLINA

\_\_\_\_\_  
John Elliott, Chairman of County Council  
Oconee County, South Carolina

Attest: \_\_\_\_\_  
Jennifer Adams, Clerk to County Council  
Oconee County, South Carolina

**STATE OF SOUTH CAROLINA  
COUNTY OF OCONEE  
ORDINANCE 2022-01**

AN ORDINANCE TO ESTABLISH THE BUDGET FOR OCONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR ORDINARY COUNTY PURPOSES, FOR THE TRI-COUNTY TECHNICAL COLLEGE SPECIAL REVENUE FUND, FOR THE EMERGENCY SERVICES PROTECTION SPECIAL REVENUE FUND, FOR THE ROAD MAINTENANCE SPECIAL REVENUE FUND, FOR THE BRIDGE AND CULVERT CAPITAL PROJECT FUND, FOR THE ECONOMIC DEVELOPMENT CAPITAL PROJECT FUND, FOR THE PARKS, RECREATION, AND TOURISM CAPITAL PROJECTS FUND, FOR THE DEBT SERVICE FUND, FOR THE VICTIM SERVICES SPECIAL REVENUE FUNDS, FOR THE CAPITAL VEHICLE / EQUIPMENT FUND, ALL IN OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2022 AND ENDING JUNE 30, 2023.

BE IT ORDAINED by the County Council for Oconee County, South Carolina, (the “County Council”), in accordance with the general law of the State of South Carolina and the Acts and Joint Resolutions of the South Carolina General Assembly, as follows:

**SECTION 1**

Pursuant to Section 4-9-140 of the South Carolina Code of Laws, 1976, as amended, the following amounts are hereby appropriated for the 2022-2023 fiscal year for Oconee County (the “County”) for ordinary county purposes.<sup>1</sup>

<b>General Fund:</b>		
New Positions 13	614,788	
2 Parks, Recreation & Tourism Employees Paid by ATAX	107,470	
Recreational Funding Increase	100,000	
Cost of Living Increase 6% including Fringe	1,772,259	
Gasoline/Diesel Contingency	64,788	
One Time Capital Request	1,920,000	
Sheriff Salary Adjustments	250,000	
Administrator Contingency	236,631	
		<b>5,065,936</b>
Administrator	444,147	
Airport	1,966,595	
Assessor	1,051,674	
Board of Assessment Appeals	7,526	
Building Codes	654,854	
Chau Ram Park	348,536	
County Attorney	402,044	
County Council	315,713	
Debt Service Lease Payments	742,574	
Delinquent Tax Collector	438,656	
Department of Social Services	12,700	
Economic Development	646,480	
Emergency Services	5,266,818	
Facilities Maintenance	1,416,939	

<sup>1</sup> See Attachment A, which is incorporated herein by reference, for detailed budgetary appropriations.

Finance Office	691,179	
Health and Human Services Direct Aid	736,867	
Health Department	29,150	
High Falls Park	438,779	
Human Resources	406,742	
Information Technology	1,181,471	
Legislative Delegation	98,536	
Library	1,521,027	
Magistrate	945,171	
Non-Departmental	1,935,000	
Other Financing Uses	85,000	
Parks, Recreation and Tourism	739,672	
Planning	429,307	
Procurement	190,386	
Register of Deeds	328,810	
Roads and Bridges	3,026,997	
Soil and Water Conservation District	79,781	
Solid Waste	5,347,142	
South Cove Park	583,624	
Vehicle Maintenance	1,006,319	
Veterans' Affairs	210,863	
Voter Registration and Elections	293,862	
<b>Total General:</b>		<b>34,020,941</b>
<b>Elected/Appointed Officials:</b>		
Auditor	641,525	
Clerk of Court	714,333	
Coroner	315,004	
Probate Court	365,112	
Public Defender	250,000	
Sheriff	10,203,658	
Animal Control	694,818	
Communications	1,792,003	
Detention Center	4,912,652	
Solicitor	954,003	
Treasurer	682,981	
<b>Total Elected Officials:</b>		<b>21,526,089</b>
<b>Special Revenue Funds: [1]</b>		
Emergency Services Protection	1,600,000	
Victim Services - Sheriff's Office	123,336	
Victim Services - Solicitor's Office	77,532	
911 Fund	984,000	
Tri-County Technical College	1,626,600	
Road Maintenance Fund	2,545,000	
<b>Total Special Revenue Funds:</b>		<b>6,956,468</b>
<b>Capital Project Funds:[2]</b>		
Economic Development	1,221,500	
Bridge & Culvert Fund	590,000	
Capital Equipment / Vehicle Fund	1,300,000	
Parks, Recreation and Tourism	770,000	
<b>Total Capital Project Funds:</b>		<b>3,881,500</b>

<b>Enterprise Fund:</b>		<b>6,851,958</b>
<b>Debt Service Fund:</b>		<b>1,857,268</b>
<b>Grand Total of all Funds FY 2022-2023</b>		<b>80,160,160</b>
<i>[1] See sections 3 – 11 below.</i>		
<i>[2] See sections 3 – 11 below.</i>		

## **SECTION 2**

A tax of sufficient millage to fund the aforesated appropriations (see also Sections 3 through 10 below) for the Oconee County Budget for the fiscal year beginning July 1, 2022 and ending June 30, 2023, after crediting against such appropriations all other unrestricted revenue anticipated to accrue to Oconee County and any fund balance budgeted to be used during said fiscal year, is hereby directed to be levied upon all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The Auditor of Oconee County is hereby requested to recommend to the Oconee County Council, for approval by Oconee County Council, a sufficient millage levy, and the Treasurer of Oconee County is herein directed to collect sufficient millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of Oconee County for the fiscal year beginning July 1, 2022 and ending June 30, 2023. The Auditor and Treasurer of Oconee County are hereby directed to fund such bond repayment sinking fund(s) as are necessary to provide for an orderly and timely payment of the debt service of Oconee County and to satisfy any debt covenants.

## **SECTION 3**

A tax of 3.0 mills to provide funding for the Tri-County Technical College Special Revenue Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The revenue from this levy is hereby appropriated for expenditures in the amount of \$1,626,600 for support of Tri-County Technical College. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated appropriations of the Tri-County Technical College Special Revenue fund for the fiscal year beginning July 1, 2022 and ending June 30, 2023. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Tri-County Technical College Special Revenue Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

## **SECTION 4**

A tax of 2.9 mills to provide funding for the Emergency Services Protection Special Revenue Fund is hereby levied on all taxable property eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of \$1,600,000, for the Emergency Services Protection Special Revenue Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Emergency Services Protection Special Revenue Fund for the fiscal year beginning July 1, 2022 and ending June 30, 2023. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Emergency Services Protection Special Revenue Fund and shall be carried forward from year to year

as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

#### **SECTION 5**

A tax of 2.1 mills to provide funding for the Road Maintenance Special Revenue Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated, for expenditures in the amount of \$2,545,000 for the Road Maintenance Special Revenue Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property within Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Road Maintenance Special Revenue Fund for the fiscal year beginning July 1, 2022 and ending June 30, 2023. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Road Maintenance Special Revenue Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

#### **SECTION 6**

A tax of 1 mill to provide funding for the Bridge and Culvert Capital Project Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated, for expenditures in the amount of \$590,000, for the Bridge and Culvert Capital Project Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Bridge and Culvert Capital Project Fund for the fiscal year beginning July 1, 2022 and ending June 30, 2023. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Bridge and Culvert Capital Project Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

#### **SECTION 7**

A tax of 1.1 mills to provide funding for the Economic Development Capital Project Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy, other anticipated restricted revenues, transfers, and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of \$1,221,500 for the Economic Development Capital Projects Fund for projects approved by County Council. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Economic Development Capital Project Fund for the fiscal year beginning July 1, 2022 and ending June 30, 2023. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Economic Development Capital Project Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

#### **SECTION 8**

A tax of 1.3 mills to provide funding for the Parks, Recreation and Tourism Capital Project Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy, other anticipated restricted revenues, transfers, and a

portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of \$770,000 for the Parks, Recreation and Tourism Capital Project Fund for projects approved by County Council. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Parks, Recreation and Tourism Capital Project Fund for the fiscal year beginning July 1, 2022 and ending June 30, 2023. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Parks, Recreation and Tourism Capital Project Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

## **SECTION 9**

A tax of 2.0 mills to provide funding for the Debt Service Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of \$1,857,268, for the Debt Service Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Debt Service Fund for the fiscal year beginning July 1, 2022 and ending June 30, 2023. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Debt Service Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

## **SECTION 10**

Oconee County receives certain recurring revenues that are restricted for certain purposes. These revenues are accounted for in various special revenue funds including the Victim Services-Sheriff's Office Fund, Victim Services-Solicitor's Office Fund, 911 Fund, and other special revenue funds. Any surplus in these funds of the County or any moneys accruing therefrom shall be retained and accounted for in these funds and shall be carried forward from year to year as fund balances in such funds.

## **SECTION 11**

A tax of 2.0 mills to provide funding for the Capital Vehicle / Equipment Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of \$1,300,000, for the Capital Vehicle / Equipment Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Capital Vehicle / Equipment Fund for the fiscal year beginning July 1, 2022 and ending June 30, 2023. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Capital Vehicle / Equipment Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

## **SECTION 12**

All capital projects and multi-year grant appropriations made by prior year budget ordinances for which the respective monies have been obligated or encumbered are hereby carried forward and reappropriated, as of July 1, 2022, as a part of the budget authorized by this Ordinance.



### **SECTION 13**

Capital projects are budgeted on a project basis instead of an annual basis and as such, unexpended appropriations for uncompleted capital projects are carried forward as a part of the budget authorized by this Ordinance.

### **SECTION 14**

All unexpended appropriations as of June 30, 2022, except for those specifically carried forward by this Ordinance shall lapse and expire and the monies involved shall revert to the fund balance of the fund from which the appropriation originated. The remaining unexpended appropriations will revert to the fund balance of the fund from which the appropriation originated, as stated herein.

### **SECTION 15**

The County Administrator, as required by state law, shall oversee and supervise the day-to-day implementation of this budget ordinance, including the execution and delivery, on behalf of the County, of all contractual documents necessary or required for the expenditure of funds authorized by this budget ordinance, for the purposes for which such funds are so authorized. Subject to the procurement policies of the County, the County Administrator is hereby authorized to contract and enter into contracts on behalf of the County for purposes, activities and matters budgeted for herein.

### **SECTION 16**

The fees authorized for all county departments to charge for services of the county and to use for operations of the county are as set forth in a schedule of fees. This schedule of fees is included within **ATTACHMENT A**, which is incorporated herein by reference as fully as if set forth verbatim herein, and adopted as part of this ordinance, and the fees are hereby approved to be charged by the appropriate county departments. The County Administrator is hereby authorized to execute the Airport T-Hangar rental agreements, consistent with the rates established in the fee schedule.

### **SECTION 17**

The County began contributing to retiree health benefits (the “Retiree Health Benefit Plan” or “Plan”) on behalf of employees and county retirees on January 1, 1985. Several amendments to the County’s Plan guidelines have occurred since that time; however, nothing in the Plan amendments permits or affords grandfathering eligibility for any individual other than those outlined explicitly in the guidelines, which are incorporated herein by reference, as fully as if set forth verbatim, and adopted as part of this Ordinance, and the rates are hereby approved to be charged and administered according to the Retiree Health Plan Guidelines. The County Administrator is authorized to administer the Plan in accordance with these guidelines and to establish health reimbursement accounts for eligible retirees for contributory purposes for the fiscal year beginning July 1, 2022 and ending June 30, 2023. **DUE TO THE RISK OF UNKNOWN CIRCUMSTANCES, THIS PLAN MAY BE DEEMED NON-SUSTAINABLE AT SOME FUTURE TIME. THE RETIREE HEALTH BENEFIT GUIDELINES ARE DISCRETIONARY ON THE PART OF THE COUNTY AND THE EMPLOYEE AND DO NOT CREATE ANY EXPRESS OR IMPLIED CONTRACT OF THIS BENEFIT BEING PROVIDED IN THE FUTURE OR IN ANY PARTICULAR AMOUNT AT ANY TIME. NO PAST PRACTICES OR PROCEDURES, PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. IT IS EXPLICITLY STATED AND RECOGNIZED BY THE COUNTY AND EVERY EMPLOYEE ACCEPTING BENEFITS UNDER THE PLAN THAT ALL EMPLOYMENT IN OCONEE COUNTY (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR AND SUCH OTHERS AS ARE SPECIFICALLY AUTHORIZED BY COUNTY COUNCIL TO BE**

**BOUND TO AN EMPLOYMENT CONTRACT), IS “AT WILL” AND THAT ALL PROVISIONS OF ANY AND ALL EMPLOYMENT BENEFITS, INCLUDING WITHOUT LIMITATION, THOSE DESCRIBED IN THE PLAN IS ALWAYS SUBJECT TO ANNUAL APPROPRIATION BY OCONEE COUNTY COUNCIL, WHICH IS NEVER GUARANTEED AND NEVER WILL BE GUARANTEED.**

**SECTION 18**

If any clause, phrase, sentence, paragraph, appropriation, or section of this Ordinance shall be held invalid for any reason, it shall not affect the validity of this Ordinance as a whole or the remaining clauses, phrases, sentences, paragraphs, appropriations, or sections hereof, which are hereby declared separable.

**SECTION 19**

All other orders, resolutions, and ordinances of Oconee County, inconsistent herewith, are, to the extent of such inconsistency only, hereby revoked, rescinded, and repealed.

**SECTION 20**

This Ordinance shall become effective upon approval on third reading and enforced from and after July 1, 2022.

**SECTION 21**

The budget provisos attached hereto are hereby incorporated herein, by reference, as fully as if set forth verbatim herein, and adopted as part of this Ordinance.

Adopted in meeting duly assembled this \_\_\_\_ day of June, 2022.

OCONEE COUNTY, SOUTH CAROLINA

\_\_\_\_\_  
John Elliott  
Chairman, Oconee County Council

ATTEST

\_\_\_\_\_  
Jennifer C. Adams  
Clerk to County Council

First Reading: May 3, 2022  
Public Hearing: May 17, 2022  
Second Reading: May 17, 2022  
Public Hearing: June 7, 2022  
Third Reading: June 7, 2022

**STATE OF SOUTH CAROLINA**  
**COUNTY OF OCONEE**  
**BUDGET PROVISOS FOR FISCAL YEAR 2022-2023**  
**ORDINANCE 2022-01**

**Section 1**

The fund appropriations made herein shall not be exceeded without proper authority or amendment by Oconee County Council. Any officer incurring indebtedness on the part of the County in excess of the appropriations herein made or authorized shall be liable upon his official bond.

**Section 2**

The Finance Director and Treasurer of Oconee County shall prepare such separate records and books of account as may be required by the United States Government or any of its agencies or by the State of South Carolina or any of its agencies, reflecting the receipt and disposition of all funds.

**Section 3**

All purchasing and contracting for the acquisition of goods and services for County purposes shall be in accordance with procedures outlined in the County Procurement Ordinance, as codified. Subject to the provisions of Oconee County policies, whenever possible and practical, goods and services shall be purchased from firms and individuals located in Oconee County whenever goods and services of equal quality and specifications are available from local suppliers at prices less than or equal to prices submitted by nonresident suppliers.

**Section 4**

No bills or claims against Oconee County shall be approved for payment and no check will be issued for same unless such bills or claims are properly itemized showing the goods purchased or services rendered, dated as of the date of delivery of said goods and/or services and signed by the person receiving said goods or services.

**Section 5**

No officer, elected official, or employee of Oconee County shall furnish any services or sell any materials or supplies to the County for pay, except upon open quote or bid in accordance with the County Procurement Ordinance, as codified.

**Section 6**

County Council may transfer funds from any fund, department, activity, or purpose to another by normal Council action, subject to all other applicable legal requirements.

The County Administrator is authorized to:

- (1) Transfer non-salary appropriations within a department, or between departments within a fund, provided that no such transfer exceeds Fifty Thousand and 00/100 (\$50,000.00) Dollars; this restriction may not be circumvented by way of multiple transfers.
- (2) Transfer salary appropriations within a department, or between departments within a fund, provided that the sum of such transfers for the entire fiscal year does not exceed One Hundred Thousand and 00/100 (\$100,000.00) Dollars.
- (3) Transfer between salary appropriations and non-salary appropriations within a department, or between departments within a fund, provided that no such transfer exceeds Ten Thousand and 00/100 (\$10,000.00) Dollars; this restriction may not be

circumvented by way of multiple transfers; and, the sum of such transfers for the entire fiscal year shall not exceed One Hundred Thousand and 00/100 (\$100,000.00) Dollars.

- (4) Any other transfers by the County Administrator require Council authorization.
- (5) Transfers by the County Administrator shall be reflected on the budgetary reports regularly submitted to Council.

All transfers authorized by this section are subject to the overall fund appropriation limits of this Ordinance

### **Section 7**

For any equipment, vehicle, or any other item that is approved in the budget as a replacement for existing items, the item being replaced will be relinquished to the Procurement Director for disposal or reassignment.

### **Section 8**

The standard mileage rate reimbursed to County employees for use of their personal vehicles will be equal to the amount set, as the authorized rate at the applicable time, by the Internal Revenue Service.

### **Section 9**

Oconee County will pay County employees a per diem for meals while traveling on County business, including travel related to training. No per diem will be paid for meals that are included in registration fees. The rates will be \$8 for breakfast, \$12 for lunch and \$15 for dinner. Per Diem for breakfast will be reimbursed if the employee is required to leave home before 7:30 a.m. Per Diem for dinner will be reimbursed if the employee returns home after 6 p.m. For non-overnight travel reimbursement for meals will be based on actual expenditures for meals, limited to the per diem amounts above. Receipts for meals will be required for reimbursements.

### **Section 10**

The first \$1500 of Oconee County building permit fees and related and associated building code fees are, to the extent permitted by law, hereby waived and set at \$0 for any Oconee County non-profit or eleemosynary entity duly recognized as such by the State of South Carolina and granted tax exempt status by the Internal Revenue Service of the United States (“IRS”), to the extent the building project is for the general public good, and only for so long as such entity maintains such non-profit or eleemosynary status and tax exempt recognition by the IRS. All building permit fees and building code fees in excess of \$1500, per applying non-profit, eleemosynary entity per application, will be applied and collected as usual, per this budget, this proviso, and the attached and incorporated Oconee County Departmental Fees Schedule. Oconee County Council hereby determines and finds that this reduction in fees is appropriate and justified by the provision of public services which these non-profit, eleemosynary entities provide to Oconee County and the public of Oconee County – services of public use and public benefit which would otherwise have to be provided by some unit of local government.

### **Section 11**

For all economic development projects in a joint county industrial or business park (“MCIP”) in the unincorporated portion of the County, for which revenue is first received on or after July 1, 2022, excluding any MCIP agreements now in existence (or which have been previously approved by County ordinance) wherein a different allocation is in place, and subject to any superior agreements allocating portions of such revenue, all revenue or remaining revenue, as the case may be, received from such MCIP which is/was attributable to the levy of all general fund millages shall be divided and distributed in the following percentages, in order to offset the costs of economic

development which made the project(s) possible: (1) Oconee County General Fund – 33%; Oconee County Economic Development Capital Projects Fund – 34%; School District of Oconee County - 33%; (2) all other taxing entities levying millage at the site in question - 1% each;<sup>[1]</sup> (3) all other taxing entities in Oconee County - 0%. Revenue attributable to the levy of debt service millage or other non-general fund millage shall be distributed to the taxing entity levying such millage. For joint county industrial or business parks located within municipal limits, the intergovernmental agreement governing the creation of such MCIP shall govern distribution of revenues. Any unused revenues in such fund at the end of any fiscal year shall be carried over to the succeeding fiscal year.

## Section 12

Pursuant to authority given to governing bodies of South Carolina counties by the South Carolina General Assembly in Section 12-43-360 of the South Carolina Code of Laws, 1976, as amended, the Oconee County Council hereby reduces the assessment ratio otherwise applicable in determining the assessed value of general aviation aircraft subject to property tax in Oconee County to a ratio of four percent (4%) of the fair market value of such general aviation aircraft. Such assessment ratio shall apply uniformly to all general aviation aircraft subject to *ad valorem* property taxation in Oconee County. This proviso first became effective in the 2011-2012 budget ordinance and is a part of the budget ordinance beginning July 1, 2022 and ending June 30, 2023.

## Section 13

Oconee County seeks to increase and maintain its unassigned fund balance to and at an amount not less than twenty-five percent (25%) of its regular general fund operating expenditures. (See Oconee Code of Ordinances Section 2-476.) Oconee County’s unassigned fund balance as of the last audited fiscal year (2021) was \$11,122,634. Oconee County’s assigned fund balance as of the last audited fiscal year (2021) was as follows:

Assigned funds for the Solid Waste Reserve General Fund balance:	\$ 912,806
Assigned funds for the Healthcare Reserve General Fund balance:	\$2,000,000
Assigned funds for the OPEB Reserve General Fund Balance:	\$1,207,715

## Section 14

County Council adopts the employee benefit plan and ratifies the designation of the County Administrator to act as the Plan Administrator and affirms all plan amendments prior to the date hereof, attached hereto as **ATTACHMENT B**.

## Section 15

County Council adopts the retiree health benefit plan as modified and ratifies the designation of the County Administrator to act as the Plan Administrator and affirms all plan amendments prior to the date hereof, attached hereto as **ATTACHMENT C**.

## Section 16

Oconee County receives federal, state, and local grants for specified purposes. Oconee County is hereby authorized, absent any other factor, to apply for, receive, and expend all such grants for which no local match is required or for which such funds are budgeted herein, in addition to all other authority elsewhere given, and in accordance with all other policies and directives of Oconee County. These grants, including any local match, are deemed budgeted for the specified purposes upon acceptance of such grants. These grants are budgeted for on a project basis in accordance with the grantors' terms and conditions instead of an annual basis and as such, unexpended appropriations

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<sup>[1]</sup> If there are other taxing entities levying millage at the site in question, then the County and the SDOC percentages shall apply to the remainder.

for uncompleted grant projects are carried forward as a part of the budget authorized by this Ordinance. The Oconee County Administrator, or his or her duly authorized representative, is hereby authorized to apply for all federal, state, and other grants for which no County matching funds are required, if all necessary operating funds for the County facility, institution, or programs in question have been made available by County Council through the County's operating and capital budgets or are available in applicable County enterprise fund balances, or for those grants for which County matching funds are required when all necessary County matching funds have been made available by County Council through the annual County operating and capital budgets or are available in applicable County enterprise fund balances, for County Council authorized programs, institutions, and facilities of the County, and to receive and expend such federal and state grant funds, for the purposes authorized in the respective grant applications.

**Section 17**

Allocation of proceeds from sale or disposal of Vehicles/Equipment shall be deposited into the Capital Equipment – Vehicle Fund except for any proceeds from the sale of equipment belonging to the county rock quarry, which will be deposited back into the enterprise account for that activity. All other proceeds from the sale or disposal of surplus supplies and property shall be deposited into the county's general fund.

**Section 18**

Revenues collected from recycled concrete shall be designated for the rental / purchase of equipment required for concrete recycling.

**Section 19**

Due to the volatile petroleum market, a fuel contingency account in the Administrator's Department is required for FY 22-23. These funds will only be utilized, when required, for necessary fuel expenditure overages. Funding for the fuel contingency account will come from:

- FY 21-22 utility savings of up to \$50,000 (*contingent upon year end verification of availability*); and
- FY 21-22 unexpended salary funds of up to \$100,000 (*contingent upon year end verification of availability*).

## FY 2022 - 2023 Budget Summary

### Expenditures

<b>Operational Cost By Department</b>	<b>227,404</b>
<b>Salary and Fringe Cost- (Retirement Rate Increase on Employer Side by State)</b>	<b>3,284,059</b>
<b>In Administrator Budget</b>	
New Positions 13 - <b>\$614,788</b>	-
2 Parks, Recreation & Tourism Employees paid by ATAX - <b>\$107,470</b>	-
Recreational Funding Increase - <b>\$100,000</b>	-
Cost of Living Increase <b>\$1,772,259</b>	-
Gasoline/Diesel Contingency	<b>64,788</b>
Sheriff Salary Adjustments - <b>\$250,000</b>	-
One Time Capital Request	<b>(260,000)</b>
Administrator Contingency	<b>(38,438)</b>
<b>Total Increase in Expenditures</b>	<b>3,277,812</b>

### Revenues

<b>Property Taxes</b>	<b>2,706,119.00</b>
<b>Intergovernmental</b>	<b>(26,869)</b>
<b>Licenses, Permits and Fees</b>	<b>627,350</b>
<b>Fines and Forfeitures</b>	-
<b>Charges for Services</b>	<b>238,510</b>
<b>Interest and Investment Income</b>	<b>(275,000)</b>
<b>Miscellaneous and Other</b>	<b>38,025</b>
<b>Other Financing Sources - \$107,470</b>	<b>469,677</b>
<b>Use of Fund Balance</b>	<b>(500,000)</b>
<b>Total Increase in Revenues</b>	<b>3,277,812</b>

**Oconee County, South Carolina  
General Fund Summary  
2022-2023 Budget**

<b>Revenues and Other Financing Sources</b>				
Description	FY 2022 Budget	FY 2023 Administrator Recommended	Difference	Reason
<b>Property Taxes</b>	41,801,385	44,493,703	2,692,318	Growth, Vehicle, FILOT and Watercraft
<b>Intergovernmental</b>	4,144,712	4,117,842	(26,870)	
<b>Licenses, Permits and Fees</b>	6,156,250	6,783,600	627,350	Tipping fees, Register of Deeds, Building Codes
<b>Fines and Forfeitures</b>	222,600	222,600	-	
<b>Charges for Services</b>	2,571,016	2,823,328	252,312	Park Revenue and Recyclables
<b>Interest and Investment Income</b>	475,000	200,000	(275,000)	Interest Rates
<b>Miscellaneous and Other</b>	204,189	242,214	38,025	Forfeit Land, Misc. Sheriff
<b>Other Financing Sources</b>	1,260,000	1,729,677	469,677	Upcountry Fiber, Staff Reimbursement
<b>Use of Fund Balance*</b>	500,000	-	(500,000)	<b>No use of Fund Balance</b>
	<b>57,335,152</b>	<b>60,612,964</b>	<b>3,277,812</b>	



<b>Operational Costs (No Salary or Fringe)</b>				
<b>Department by Function</b>	<b>FY 2022 Approved 6/22/2021</b>	<b>FY 2023 Administrator Recommended</b>	<b>Difference</b>	<b>Reason of Increase</b>
<b>General Government</b>				
Administrator Contingency	273,869	300,219	26,350	
New Positions 14	-	-	-	
Increase Recreational Funding	-	-	-	
Cost of Living 6%	-	-	-	
Sheriff Salary Adjustments	-	-	-	
Administrator (717)	286,721	125,610	(161,111)	
Assessor (301)	113,500	134,150	20,650	Postage - Reassessment
Auditor (302)	145,206	144,900	(306)	
Board of Assessment Appeals (303)	1,250	1,250	-	
County Attorney (741)	134,555	134,555	-	
County Council (704)	146,586	148,583	1,997	
Delinquent Tax Collector (305)	277,535	240,465	(37,070)	
Facilities Maintenance (714)	505,750	517,600	11,850	Utilities - County Wide
Finance Office (708)	192,720	229,050	36,330	Data Processing-Software
Human Resources (710)	92,222	81,502	(10,720)	
Information Technology (711)	510,100	612,300	102,200	Cyber Security / Equipment Replacement
Legislative Delegation (706)	15,650	15,050	(600)	
Planning Commission (712)	106,600	129,950	23,350	Professional - Part Time Staff
Procurement (713)	23,950	28,650	4,700	Equipment Replacement
Register of Deeds (735)	71,585	70,620	(965)	
Soil and Water Conservation District (716)	33,413	33,613	200	
Treasurer (306)	214,120	214,845	725	
Vehicle Maintenance (721)	97,950	103,200	5,250	
Voter Registration and Elections (715)	56,025	92,192	36,167	E-Poll Books and Maintenance
<b>Total General Government</b>	<b>3,025,438</b>	<b>3,058,085</b>	<b>32,647</b>	
<b>Public Safety</b>				
Animal Control (110)	251,267	267,500	16,233	Operational, Staff Development
Building Codes (702)	151,575	155,000	3,425	
Communications ( 104)	228,050	228,050	-	
Coroner (103)	64,770	52,770	(12,000)	
Detention Center (106)	1,331,350	1,434,250	102,900	Medical and Food SCBA Lease Payment, New Hire Equipment
Fire/Emergency Services (107)	2,340,025	2,558,074	218,049	
Sheriff (101)	1,072,250	1,154,250	82,000	Professional, Data Processing
<b>Total Public Safety</b>	<b>5,439,287</b>	<b>5,849,894</b>	<b>410,607</b>	

Operational Costs (No Salary or Fringe)				
Department by Function	FY 2022 Approved 6/22/2021	FY 2023 Administrator Recommended	Difference	Reason of Increase
<b>Transportation</b>				
Airport (720)	1,396,000	1,383,650	(12,350)	
Roads and Bridges (601)	573,590	574,140	550	
<b>Total Transportation</b>	<b>1,969,590</b>	<b>1,957,790</b>	<b>(11,800)</b>	
<b>Public Works</b>				
Solid Waste (718)	2,745,930	3,294,600	548,670	Tipping Fees
<b>Total Public Works</b>	<b>2,745,930</b>	<b>3,294,600</b>	<b>548,670</b>	
<b>Culture and Recreation</b>				
<i>*All County Parks Building and Grounds Maintenance paid though ATAX</i>				
Chau Ram Park (205)	132,585	101,585	(31,000)	
High Falls Park (203)	147,498	128,998	(18,500)	
Library (206)	379,175	401,387	22,212	Professional - Part Time Staff
Parks, Recreation and Tourism (202)	349,225	403,725	54,500	
South Cove Park (204)	219,797	212,447	(7,350)	
<b>Total Culture and Recreation</b>	<b>1,228,280</b>	<b>1,248,142</b>	<b>19,862</b>	
<b>Judicial Services</b>				
Clerk of Court (501)	161,820	159,845	(1,975)	
Magistrate (509)	122,270	114,760	(7,510)	Decrease in Court Expense
Probate Court (502)	40,850	38,100	(2,750)	
Public Defender (510)	250,000	250,000	-	
Solicitor (504)	1,500	1,500	-	
<b>Total Judicial Services</b>	<b>576,440</b>	<b>564,205</b>	<b>(12,235)</b>	
<b>Health and Welfare</b>				
Health and Human Services Direct Aid (705)	671,867	736,867	65,000	Oconee Support
Department of Social Services (402)	13,200	12,700	(500)	
Health Department (403)	29,134	29,150	16	
Veterans' Affairs (404)	10,565	11,150	585	
<b>Total Health and Welfare</b>	<b>724,766</b>	<b>789,867</b>	<b>65,101</b>	
<b>Economic Development (707)</b>	<b>290,199</b>	<b>279,174</b>	<b>(11,025)</b>	
<b>Non-Departmental (709)</b>	<b>2,155,822</b>	<b>1,935,000</b>	<b>(220,822)</b>	
<b>Other Financing Uses</b>	<b>747,000</b>	<b>149,367</b>	<b>(597,633)</b>	
<b>Debt Service Lease Payments</b>	<b>738,542</b>	<b>742,574</b>	<b>4,032</b>	
<b>Total</b>	<b>19,641,294</b>	<b>19,868,698</b>	<b>227,404</b>	

<b>Total Salary Cost including Fringe</b>			
<b>Department by Function</b>	<b>FY 2022 Approved 6/22/2021</b>	<b>FY 2023 Administrator Recommended</b>	<b>Difference</b>
<b>General Government</b>			
Administrator (717)	313,228	324,943	11,715
Assessor (301)	942,678	962,457	19,779
Auditor (302)	477,507	522,576	45,069
Board of Assessment Appeals (303)	10,753	6,276	(4,477)
County Attorney (741)	265,415	270,237	4,822
County Council (704)	165,754	173,568	7,814
Delinquent Tax Collector (305)	193,519	208,106	14,587
Facilities Maintenance (714)	916,628	942,750	26,122
Finance Office (708)	500,446	486,258	(14,188)
Human Resources (710)	260,751	342,315	81,564
Information Technology (711)	560,451	599,101	38,650
Legislative Delegation (706)	82,449	87,907	5,458
Planning Commission (712)	288,075	314,622	26,547
Procurement (713)	159,016	221,728	62,712
Register of Deeds (735)	254,573	271,289	16,716
Soil and Water Conservation District (716)	51,614	48,368	(3,246)
Treasurer (306)	440,310	491,884	51,574
Vehicle Maintenance (721)	882,787	947,223	64,436
Voter Registration and Elections (715)	193,044	212,266	19,222
<b>Total General Government</b>	<b>6,958,998</b>	<b>7,433,874</b>	<b>474,876</b>
<b>Public Safety</b>			
Animal Control (110)	414,241	446,441	32,200
Building Codes (702)	510,075	579,647	69,572
Communications (104)	1,524,063	1,688,108	164,046
Coroner (103)	247,340	275,826	28,486
Detention Center (106)	3,331,984	3,642,247	310,263
Fire/Emergency Services (107)	2,657,019	2,990,540	333,521
Sheriff (101)	8,869,490	9,931,625	1,062,135
<b>Total Public Safety</b>	<b>17,554,212</b>	<b>19,554,434</b>	<b>2,000,223</b>
<b>Transportation</b>			
Airport (720)	549,707	611,109	61,402
Roads and Bridges (601)	2,425,378	2,568,993	143,615
<b>Total Transportation</b>	<b>2,975,085</b>	<b>3,180,102</b>	<b>205,017</b>

<b>Total Salary Cost including Fringe</b>			
<b>Department by Function</b>	<b>FY 2022 Approved 6/22/2021</b>	<b>FY 2023 Administrator Recommended</b>	<b>Difference</b>
<b>Public Works</b>			
Solid Waste (718)	1,981,984	2,147,366	165,382
<b>Total Public Works</b>	<b>1,981,984</b>	<b>2,147,366</b>	<b>165,382</b>
<b>Culture and Recreation</b>			
Chau Ram Park (205)	245,666	305,884	60,218
High Falls Park (203)	310,762	324,198	13,436
Library (206)	1,116,713	1,175,572	58,859
Parks, Recreation and Tourism (202)	429,598	566,279	136,681
South Cove Park (204)	357,874	389,435	31,561
<b>Total Culture and Recreation</b>	<b>2,460,613</b>	<b>2,761,368</b>	<b>300,755</b>
<b>Judicial Services</b>			
Clerk of Court (501)	546,772	628,446	81,674
Magistrate (509)	831,343	875,030	43,687
Probate Court (502)	343,090	343,570	480
Public Defender (510)	-	-	-
Solicitor (504)	981,085	1,003,504	22,419
<b>Total Judicial Services</b>	<b>2,702,290</b>	<b>2,850,550</b>	<b>148,260</b>
<b>Health and Welfare</b>			
Health and Human Services Direct Aid (705)	-	-	-
Department of Social Services (402)	-	-	-
Health Department (403)	-	-	-
Veterans' Affairs (404)	206,959	209,775	2,816
<b>Total Health and Welfare</b>	<b>206,959</b>	<b>209,775</b>	<b>2,816</b>
<b>Economic Development (707)</b>	<b>399,848</b>	<b>386,578</b>	<b>(13,270)</b>
<b>Non-Departmental (709)</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Debt Service Lease Payments</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>35,239,989</b>	<b>38,524,047</b>	<b>3,284,059</b>

**Cost of Living Adjustment - Salary and Fringe**

	Salary	6% Salary	Fringe	6% Fringe	6% Total Salary & Fringe
Administration	85,026	5,102	0.2556	1,304	6,406
Airport	373,844	22,431	0.3137	5,733	28,164
Animal Control	253,837	15,230	0.3175	3,893	19,123
Assessor	596,425	35,786	0.2828	9,147	44,932
Auditor	344,468	20,668	0.2556	5,283	25,951
Building Codes	327,927	19,676	0.2828	5,029	24,705
Chau Ram	153,125	9,188	0.2828	2,348	11,536
Clerk of Court	363,149	21,789	0.2556	5,569	27,358
Communication	982,494	58,950	0.2556	15,068	74,017
Coroner	180,419	10,825	0.2907	2,767	13,592
County Attorney	36,478	2,189	0.2556	559	2,748
County Council	85,464	5,128	0.2556	1,311	6,439
Delinquent Tax	131,606	7,896	0.2828	2,018	9,915
Detention Center	2,174,860	130,492	0.3175	33,354	163,845
Economic Development	255,808	15,348	0.2828	3,923	19,272
Facilities Maint	576,232	34,574	0.3035	8,837	43,411
Finance	320,276	19,217	0.2556	4,912	24,128
Fire/Emergency Services	1,630,323	97,819	0.3850	25,003	122,822
High Falls	191,371	11,482	0.2828	2,935	14,417
Humane Resources	226,654	13,599	0.2556	3,476	17,075
Information Tech	397,288	23,837	0.2602	6,093	29,930
Legislative Delegation	58,695	3,522	0.2556	900	4,422
Library	742,435	44,546	0.2556	11,386	55,932
Magistrate	592,273	35,536	0.2556	9,083	44,619
Park, Recreation and Tourism	303,462	18,208	0.2828	4,654	22,862
Planning	202,628	12,158	0.2828	3,108	15,265
Probate Judge	219,776	13,187	0.2556	3,370	16,557
Procurement	113,220	6,793	0.2556	1,736	8,530
Register of Deeds	173,874	10,432	0.2556	2,667	13,099
Road Department	1,541,572	92,494	0.3445	23,642	116,136
Sheriff	5,669,140	340,148	0.3175	86,942	427,090
Soil and Water	29,206	1,752	0.2556	448	2,200
Solicitor	661,048	39,663	0.2556	10,138	49,801
Solid Waste	1,258,676	75,521	0.3137	19,303	94,824
South Cove	242,356	14,541	0.2828	3,717	18,258
Treasurer	315,238	18,914	0.2556	4,834	23,749
Vehicle Maint	585,431	35,126	0.3137	8,978	44,104
Veterans' Affairs	133,568	8,014	0.2556	2,048	10,062
Voters Registration	140,655	8,439	0.2556	2,157	10,596
Rock Quarry	854,398	51,264	0.3128	13,103	64,367
	23,524,725	1,411,484		360,775	1,772,259
			<b>Current Amount in Budget</b>		1,837,047
				<b>Savings</b>	(64,788)



**Oconee County**  
**2022-2023**  
**Administrator Recommended**  
**Annual Budget**

**April 19, 2022**

- *1<sup>st</sup> Reading – May 3, 2022*
- *Public Hearing – May 17, 2022*
- *2<sup>nd</sup> Reading – May 17, 2022*
- *Public Hearing – June 7, 2022*
- *3<sup>rd</sup> Reading – June 7, 2022*

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42	Communication (104)
43	Coroner (103)
44	County Attorney (741)
45	County Council (704)
46	Delinquent Tax Collector (305)
47	Department of Social Services (402)
48	Detention Center (106)
49	Economic Development (707)
50-51	Facilities Maintenance (714)
52	Finance Office (708)
53-54	Fire/Emergency Services (107)
55	Health Department (403)
56	Health and Human Services (705) /Direct Aid
57	High Falls Park (203)
58	Human Resources (710)
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**Oconee County, South Carolina  
Fees Schedule  
2022-2023 Budget**

Description	Rate	FY 2022 Fees	FY 2023 Fees
<b>General County Fees</b>			
(Applicable to all departments, unless otherwise noted within the Departmental Fees below.)			
<b>Copies</b>			
8.5 X 11	Per Page	\$0.25	\$0.25
8.5 X 14	Per Page	\$0.50	\$0.50
11 X 17	Per Page	\$0.50	\$0.50
<b>County Road Maps</b>			
County Road Map (Less Than 50)	Per Map	\$2.00	\$2.00
	Per Map	\$1.50	\$1.50
<b>Noise Ordinance Permit Fee</b>	Per Event	\$50.00	\$50.00
<b>Departmental Fees</b>			
<b>Airport</b>			
T-Hanger Rental Rates	Per Month	\$160.00	<b>\$185.00</b>
1998 T-Hangars A, B, and Box D (27)	Per Month	\$235.00	<b>\$250.00</b>
New T-Hangars E (8)	Per Month	\$270.00	<b>\$300.00</b>
Aircraft Tie-Down Rate	Per Month	\$30.00	\$30.00
Long-Term Parking Fee	Per Month, Per Vehicle	\$25.00	\$25.00
After Hour Callout Fee - With purchase of fuel	Minimum of 100 gallons	\$150.00	\$150.00
After Hour Callout Fee - No purchase of fuel	Per Callout	\$250.00	\$250.00
GPU (Ground Power Unit)	Per Hour	\$75.00	\$75.00
Event Fee		\$25.00 Single Engine \$50.00 Multi Engine \$100.00 Jet Aircraft	\$25.00 Single Engine \$50.00 Multi Engine \$100.00 Jet Aircraft
		-	<b>Aircraft above 20,000 pounds gross weight event fees revert to Tier Fee schedule.</b>
Ramp Fee -			
Tier 1 (100,000 - 20,000 Pounds)		100 Gallons/Top Off or \$100.00	100 Gallons/Top Off or \$100.00
		\$15.00 per night after 48 hours	\$15.00 per night after 48 hours
Tier 2 (20,000 - 30,000 Pounds)		200 Gallons or \$200.00	200 Gallons or \$200.00
		\$35.00 per night after 48 hours	\$35.00 per night after 48 hours
Tier 3 (30,000 - 40,000 Pounds)		300 gallons or \$300.00	300 gallons or \$300.00
		\$50.00 per night after 48 hours	\$50.00 per night after 48 hours
Airport customers with an Oconee Airport based corporate aircraft who purchase 150 or more gallons of Jet A fuel at one time will receive a \$0.10 per gallon discount off the County Airport's normal retail price for the Jet A Fuel.		N/A	N/A
Airport customers who purchase 250 gallons or more of Jet A Fuel at one time will receive a \$0.10 per gallon discount off the County Airport's normal retail price for the Jet A Fuel.		\$0.10 reduction for 250 gallons or more Jet-A	\$0.10 reduction for 250 gallons or more Jet-A

**Oconee County, South Carolina  
Fees Schedule  
2022-2023 Budget**

Description	Rate	FY 2022 Fees	FY 2023 Fees
<b>Animal Control</b>			
Dog Adoption Fee	Per Dog	\$25 - \$125	\$25 - \$125
Cat Adoption Fee	Per Cat	\$25 - \$125	\$25 - \$125
Horse Adoption Fee	Per Horse	\$100 - \$200	\$100 - \$200
Quarantine Fee	10 Days	\$60.00	\$60.00
Owner Pick-Up Fee - Cat or Dog		\$10.00	\$10.00
Owner Pick-Up Fee - Large Animal		\$20.00	\$20.00
Boarding Fee - Cat or Dog	Per Day	\$10.00	\$10.00
Boarding Fee - Large Animal	Per Day	\$20.00	\$20.00
Vaccine(s) - Misc	Per Vaccine	\$10.00	\$10.00
Dewormed - Misc		\$10.00	\$10.00
Heartworm Test - Misc		\$10.00	\$10.00
Microchip Fee - Misc		\$15.00	\$15.00
<b>Assessor/GIS</b>			
Custom Production - Billed in 1/2 Hour Increments	Per Hour	\$35.00	\$35.00
Roads Directory - Microsoft Access Database CD	Per CD	\$20.00	\$0.00
Custom Scan and Prints	Per Hour	\$35.00	\$35.00
GIS A - 8.5 X 11		\$3.00	\$3.00
GIS B - 11 X 17		\$5.00	\$5.00
GIS C - 18 X 24		\$6.00	\$10.00
GIS D - 24 X 36		\$8.00	\$15.00
GIS E - 36 X 48		\$10.00	\$20.00
GIS A - 8.5 X 11 (Aerial Imagery)		\$6.00	\$5.00
GIS B - 11 X 14 (Aerial Imagery)		\$10.00	\$0.00
GIS B - 11 X 17 (Aerial Imagery)		\$10.00	\$10.00
GIS C - 18 X 24 (Aerial Imagery)		\$12.00	\$15.00
GIS D - 24 X 36 (Aerial Imagery)		\$14.00	\$20.00
GIS E - 36 X 48 (Aerial Imagery)		\$16.00	\$25.00
Tax Map Grid with Roads		\$3.00	\$10.00
Voting Precincts and Council Districts		\$3.00	\$0.00
<b>Building Codes</b>			
<i>(See Section 10 of Provisos to the Oconee County Budget for this year)</i>			
All Buildings, Demolition, and Mechanical Trades \$10,000 or Less		\$50.00	\$50.00
All Buildings, Demolition, and Mechanical Trades \$10,000 and Up		\$75.00 + \$4.00 for each additional \$1,000 or fraction thereof	\$75.00 + \$4.00 for each additional \$1,000 or fraction thereof
Farm Exempt Structures		\$50.00	\$50.00
<b>Manufactured Homes</b>			
Set-Up Permit (Includes County Decal)		\$100.00	\$100.00
Decal Only		\$20.00	\$20.00
Manufactured Home De-Title Fee		\$50.00	\$50.00
Manufactured Home Moving Permit		\$40.00	\$40.00
<b>Other Permits</b>			
Moving Permits (Structures Other Than Manufactured Homes)		\$100.00	\$100.00
<b>Penalties</b>			
<i>(Where work for which a permit is required by this Ordinance is started prior to obtaining said permit, the applicable fee shall be doubled.)</i>			
Re-Inspection Fee - Shall be charged if an inspection is scheduled and the work is not ready when the inspector arrives.		\$75.00	\$75.00

**Oconee County, South Carolina  
Fees Schedule  
2022-2023 Budget**

Description	Rate	FY 2022 Fees	FY 2023 Fees
<b>Building Codes Continued</b>			
Stop Work Order Fee - Shall be charged if the inspector issues a stop work order.		\$50.00	\$50.00
Commercial Plan Review Fee		1/2 of building permit fee	1/2 of building permit fee
Pre-Bound Document - Less Than 50 Pages		\$5.00	\$5.00
Pre-Bound Document - Greater Than 50 Pages	Per Page	\$5.00 + \$0.25 per page	\$5.00 + \$0.25 per page
Documents on CD		\$1.00	\$1.00
Maps - 8.5 X 11	Each	\$3.00	\$3.00
Maps - 18 X 24	Each	\$6.00	\$6.00
Maps - 24 X 36	Each	\$8.00	\$8.00
Maps - 36 X 48	Each	\$10.00	\$10.00
Custom Mapping - Planning and Zoning Projects Only	Per Hour	\$35.00	\$35.00
<b>Clerk of Court</b>			
Certified Copies		\$5.00 + \$0.25 per page	<b>\$5.25 + \$0.50 per page</b>
Printouts for Family Court		.50 per page	.50 per page
Certified Printouts		\$5.00	<b>\$5.25</b>
Exemplified copies of orders	Per Document	\$10.00	\$10.00
Family Court Divorce Packets	Per Packet	\$27.00	<b>\$28.00</b>
All other fees are state mandated			
<b>County Council</b>			
Audio CD	Per Event	\$5.00	\$5.00
<b>Delinquent Tax Collector</b>			
Administrative Fee		\$10.00	\$10.00
<b>Library</b>			
<b>Overdue Fines</b>			
Books, Magazines, or Music CD's - Up to a Maximum of \$2.00 Per Book, Magazine, or Music CD	Per Day	\$0.10	\$0.10
Videos and DVD's - Up to a Maximum of \$5.00 Per Item	Per Day	\$0.50	\$0.50
Items Borrowed Through Inter-Library Loan	Per Day, Per Item	\$0.50	\$0.50
<b>Miscellaneous</b>			
Lost Materials - Books, CD's, Videos, etc.		original price of item	original price of item
South Carolina Room Research (By Mail or E-Mail)		\$5.00 + price of photocopies	\$5.00 + price of photocopies
Lost Library Cards		\$2.00	\$2.00
Black and White Prints		\$0.15	\$0.15
Color Prints		\$0.50	\$0.50
Out of County Card	Annually *	\$20.00	\$20.00
<i>* Not charged to patrons from Anderson and Pickens Counties who are in good standing Standing.</i>			

**Oconee County, South Carolina  
Fees Schedule  
2022-2023 Budget**

Description	Rate	FY 2022 Fees	FY 2023 Fees
<b>Parks, Recreation and Tourism</b>			
<b>Admission Fees (All Parks)</b>			
Daily Parking	Per Vehicle	\$3.00	\$3.00
Daily Parking	Per Boat and Trailer	\$5.00	\$5.00
Annual Pass-Calendar Year (Commercial Use)	Per Boat and/or Trailer	\$100.00	\$100.00
Annual Pass - Calendar Year (Oconee County Residents)		\$25.00	\$25.00
Annual Pass - Calendar Year - Discounted for Senior Citizen (62+ Years Old), Legally Disabled, and Veterans		FREE	FREE
Annual Pass - Calendar Year - Out of County, South Carolina Residents		\$50.00	\$50.00
Annual Pass - Calendar Year - Out of County, South Carolina Residents Discounted for Senior Citizen (62+ Years Old), Legally Disabled, and Veterans		\$40.00	\$40.00
<b>Camping (All Parks)</b>			
Oconee County Resident	Per Night	\$20.00	\$20.00
Non-Resident	Per Night	\$25.00	\$25.00
Waterfront Site - Oconee County Resident	Per Night	\$25.00	\$25.00
Waterfront Site - Non-Resident	Per Night	\$30.00	\$30.00
<i>All campers must have current license plates. No site may be occupied for more than thirty (30) days.</i>			
<b>Building Reservations (All Parks)</b>			
<i>Moving to full day rentals only, except Chau Ram</i>			
<b>Picnic Shelters</b>			
<b>Chau Ram Park</b>			
Shelter #1 - Maximum Number of 36 People	1/2 Day	\$30.00	\$30.00
Shelter #2 - Maximum Number of 36 People	1/2 Day	\$30.00	\$30.00
Shelter #3 - Maximum Number of 12 People	1/2 Day	\$20.00	\$20.00
Gazebo #1 - Maximum Number of 12 People	1/2 Day	\$20.00	\$20.00
Gazebo #2 - Maximum Number of 12 People	1/2 Day	\$20.00	\$20.00
Recreation Building - 1 to 50 People	1/2 Day	\$50.00	\$50.00
Recreation Building - 51 to 100 People	1/2 Day	\$100.00	\$100.00
Recreation Building - 101 to 150 People	1/2 Day	\$150.00	\$150.00
Recreation Building - 151 to 200 People	1/2 Day	\$175.00	\$175.00
<b>South Cove Park</b>			
Pavilion	Full Day Only	\$75.00	\$75.00
Recreation Building - 1 to 100 People	Full Day Only	\$100.00	\$150.00
Recreation Building - 101 to 200 People	Full Day Only	\$200.00	\$250.00
Recreation Building - 201 to 300 People	Full Day Only	Must Call to set up	Must Call to set up
Recreation Building - 301 or More People	Full Day Only	Must Call to set up	Must Call to set up
<b>High Falls Park</b>			
Patio Deck-Max Number of 100 People	Full Day Only	\$75.00	\$75.00
Point Shelter Max Number of 70 People	Full Day Only	\$75.00	\$75.00
Weddings and Rehearsals			
Weddings	1/2 Day	\$250.00	\$250.00
Weddings	Full Day	\$500.00	\$500.00
<b>Rehearsal Dinners and Receptions (For Off-Site Weddings)</b>			
Less Than 100 People	1/2 Day	\$100.00	\$100.00
Less Than 100 People	Full Day	\$200.00	\$200.00
101 to 150 People	1/2 Day	\$150.00	\$150.00
101 to 150 People	Full Day	\$300.00	\$300.00
151 to 200 People	1/2 Day	\$175.00	\$175.00
151 to 200 People	Full Day	\$350.00	\$350.00

**Oconee County, South Carolina  
Fees Schedule  
2022-2023 Budget**

Description	Rate	FY 2022 Fees	FY 2023 Fees
<b>Parks, Recreation and Tourism - Continued</b>			
<b>Miscellaneous</b>			
Tennis	Per Hour to Reserve	\$5.00	\$5.00
Miniature Golf	Per Game	\$3.00	\$3.00
Softball Field	Per Hour to Reserve	\$5.00	\$5.00
Volleyball	Per Hour to Reserve	\$5.00	\$5.00
<b>Non-Camper Dump Fee To Use Dump Station</b>	Per Use	\$5.00	\$5.00
<b>Planning</b>			
<b>Sign Fees</b>			
Less Than <b>33</b> Square Feet		No Fee	No Fee
On Premise signs		\$150.00	\$150.00
Billboard - off premise sign		\$250.00	\$250.00
Billboard I-85		\$500.00	\$500.00
Basic Plat Review - per parcel		\$25.00	\$25.00
Subdivisions with creation of new parcels for recording			
2-10 New Parcels	Per Parcel	\$25.00	\$25.00
11+ New Parcels		\$250 + \$15 Per Parcel	\$250 + \$15 Per Parcel
Subdivisions NOT involving creation of new parcels for recording			
2-10 Dwelling Units	Per Unit	\$50.00	\$50.00
11+ Dwelling Units		\$1,000 + \$50 Per Unit	\$1,000 + \$50 Per Unit
Communication Towers - New Build		\$6,000.00	\$6,000.00
Communication Towers - Collocate		\$3,000.00	\$3,000.00
Communication Tower Fee -	Annual Fee	\$1,000.00	\$1,000.00
Wi-Fi Tower -		\$500.00	\$500.00
Group Homes		\$300.00	\$750.00
Sexually Oriented Business	Annual Fee	\$2,500.00	\$2,500.00
Sexually Oriented Business Employee	Per Employee	\$50.00	\$50.00
Tattoo Facilities		\$1,000.00	\$1,000.00
Non-CFD Rezoning Application Fee	Per Parcel	\$50.00	\$50.00
Appeals, Variances, and Special Exception Application Fee		\$250.00	\$250.00
Zoning Permit Fee		\$25.00	\$25.00
Vegetation Removal Fee Application		\$100.00	\$100.00
Development within the Vegetation	Per Project	\$100.00	\$100.00
RV Park Plan Review			
2-10 New Units	Per Units	\$0.00	<b>\$15.00</b>
11+ New Units	Per Units	\$0.00	<b>\$100 + \$15 Per Unit</b>
<b>Probate</b>			
<b>Estate and Conservatorship Fees</b>			
<i>In estate and conservatorship proceedings, the fee shall be based upon the gross value of the decedent's probate estate or the protected person's</i>			
(1) Property Valuation Less Than \$5,000		\$25.00	\$25.00
(2) Property Valuation of \$5,000.00 But Less Than \$20,000		\$60.00	<b>\$45.00</b>
(3) Property Valuation of \$20,000.00 But Less Than \$60,000		\$100.00	<b>\$67.50</b>
(4) Property Valuation of \$60,000.00 But Less Than \$100,000		\$150.00	<b>\$95.00</b>
(5) Property Valuation of \$100,000.00 But Less Than \$600,000		\$95.00 + 0.15 of one percent of the property valuation between \$100,000 and \$600,000	\$95.00 + .15 of one percent of the property valuation between \$100,000 and \$600,000
(6) Property Valuation of \$600,000.00 or Higher Amount		Set forth in item (5) above + 0.25 of one percent of the property valuation above \$600,000	Set forth in item (5) above + 0.25 of one percent of the property valuation above \$600,000

**Oconee County, South Carolina  
Fees Schedule  
2022-2023 Budget**

Description	Rate	FY 2022 Fees	FY 2023 Fees
<b>Probate - Continued</b>			
Filing Affidavit for Collection of Personal Property Under Section 62-3-1201, the Fee Pursuant to Items (1) Through (6) Above Based Upon Property Valuation Shown		See items (1) through (6) above	See items (1) through (6) above
Filing Affidavit for Collection of Personal Property Where the Property Valuation Is Less Than \$100.00		\$12.50	\$12.50
Filing Initial Petition In Any Action or Proceeding Other Than Items (1) Through (6) Above, Same Fee as Charged for Filing Civil Actions In Circuit Court		\$150.00	\$150.00
<b>Small Estate Proceeding</b>			
<i>No Real Estate total value under \$25,000</i>			
(1) Property Valuation Less Than \$99.99		\$0.00	\$12.50
(2) Property Valuation of \$100.00 But Less Than \$4,999.99		\$0.00	\$25.00
(2) Property Valuation of \$5,000.00 But Less Than \$19,999.99		\$0.00	\$45.00
(2) Property Valuation of 20,000.00 But Less Than \$25,000.00		\$0.00	\$67.50
Issuing Certified Copy		\$5.00 + \$0.25 per page copy fee	\$5.00 + \$0.25 per page copy fee
Issuing Exemplified/Authenticated Copy		\$20.00	20.00 + 0.25 per page copy fee
Filing Demands for Notice		\$5.00	\$5.00
Filing Conservatorship Accountings		\$10.00	\$10.00
Filing Conservatorship Orders		\$5.00	\$5.00
Recording Authenticated or Certified Record		\$20.00	\$20.00
Reopening Closed Estates		\$22.50	\$22.50
Appointment of Special, Temporary or Successor Personal Representative		\$22.50	\$22.50
Filing and Indexing Will Under Section 62-2-901		\$10.00	\$10.00
Certifying Appeal Record		\$10.00	\$10.00
<b>Marriage Fees</b>			
Marriage License - Domestic Violence Fund Fee/Each Marriage Application (State)		\$20.00	\$20.00
Marriage Ceremony Fee - Oconee County Resident		\$25.00	\$25.00
Marriage Ceremony Fee - Out of County Resident		\$25.00	\$25.00
Marriage License Fee - (Total Cost) - Oconee County Resident		\$30.00	\$45.00
Marriage License Fee - (Total Cost) - Out of County Resident		\$75.00	\$75.00
Certified Copy of Marriage License		\$5.00	\$5.00
Filing Marriage License Affidavit		\$1.00	\$1.00
Reforming or Correcting Marriage Record		\$6.75	\$6.75
Issuing Duplicate Marriage License		\$6.75	\$6.75
<b>Newspaper Advertisement Fees</b>			
Notice to Creditor - Daily Journal		\$225.00	\$417.00
Affidavit of NTC Ad		\$5.00	\$5.00

**Oconee County, South Carolina  
Fees Schedule  
2022-2023 Budget**

Description	Rate	FY 2022 Fees	FY 2023 Fees
<b>Register of Deeds</b>			
Deeds		\$10.00 more than 4 pages \$1.00 per additional	\$15.00
Mortgages		\$10.00 more than 4 pages \$1.00 per additional	\$25.00
Deed Stamps		\$3.70 per \$1,000 rounded up to next \$500	\$3.70 per \$1,000 rounded up to next \$500
Instrument Which Assigns, Transfers, or Releases Real Estate Mortgage		\$6.00 for first page \$1.00 for each additional	\$10.00
Affidavit of Missing Assignment		\$10.00	\$10.00
Lease, Contract of Sale, or Trust Indenture		\$10.00 more than 4 pages \$1.00 per additional	\$25.00
Satisfaction of Real Estate Mortgage		\$5.00	\$10.00
Plat - Any Size		-	\$25.00
Plat Larger Than 8.5 X 14		\$10.00	N/A
Plat of "Legal Size" Dimensions or Smaller		\$5.00	N/A
Plats Larger Than 17 X 24		\$20.00	N/A
Any Other Paper Affecting Title or Possession of Real Estate or Personal Property and Required by Law To Be Recorded, Except Judicial Records - Categorized by State Recording Fees		\$10.00 more than 4 pages \$1.00 per additional	\$10.00/\$15.00/\$25.00
Power of Attorney, Trustee Qualification, or Other Appointment		\$15.00 more than 4 pages \$1.00 per additional	\$25.00
Mechanics Liens		\$10.00 more than 4 pages \$1.00 per additional	\$25.00
Cancellation of Mechanics Lien		\$5.00	\$10.00
Uniform Commercial Code (UCC) Financing Statement Filing - UCC1 or UCC3		\$8.00; more than 2 pages \$10.00; more than two debtors \$10.00; each additional debtor more than two \$2.00; continuations \$8.00; amendments \$8.00; assignments \$8.00; partial release \$8.00	\$25.00
Public Finance Transaction and Manufactured Home Transactions		\$20.00	\$25.00
Mailed <b>or Emailed Copies</b> - \$5.00 Additional to Certify		\$5.00 for 4 pages then \$.25 per additional page	\$5.00 for 4 pages then \$.25 per additional page
Copies - 8.5 X 11	Per Page	\$0.25	\$0.50
Copies - 8.5 X 14	Per Page	\$0.25	\$0.50
Copies - 11 X 17	Per Page	\$0.50	\$0.50
<b>All Register of Deeds fee increases have been in effect since August 2020 per South Carolina mandates</b>			

**Oconee County, South Carolina  
Fees Schedule  
2022-2023 Budget**

Description	Rate	FY 2022 Fees	FY 2023 Fees
<b>Roads and Bridges</b>			
Sign Fee - Municipalities		materials cost	\$25.00 + materials cost
Sign Fee - Other		2.5 times the materials cost	2.5 times the materials cost
Encroachment Fee - Residential/Commercial		\$60.00	\$60.00
Encroachment Fee - Pavement Cut Fee (Contractor Only)		\$250.00 + \$10.00 per sq. ft.	\$250.00 + \$10.00 per sq. ft.
Encroachment Fee - Permit Extension		\$10.00	\$10.00
Encroachment Fee - Re-Inspection		\$60.00	\$60.00
Encroachment Fee - Longitudinal Work in ROW		\$60.00 + \$0.10 per linear ft.	\$60.00 + \$0.10 per linear ft.
Encroachment Fee - Annual Blanket Permit		\$1,000.00	\$1,000.00
Road Inspection Fee		\$1.50 per foot minimum \$600	\$1.50 per foot minimum \$600
Storm Water Fees		2.5 times the materials cost	2.5 times the materials cost
<b>Rock Quarry</b>			
<b>Rock Sales</b>		<b>Price per ton</b>	
# 1 Crusher Run 1 1/2"		\$12.25	\$12.50
# 2 Crusher Run (Sap Rock)		\$9.35	\$9.60
# 3 Surge 2" x 3"		\$13.85	\$14.10
# 4 Screenings		\$6.60	\$6.60
# 5 57: 1"		\$14.50	\$14.75
# 6 789: 3/8" x 1/2"		\$13.60	\$13.85
# 7 Class A Rip Rap 4" x 8"		\$16.00	\$16.25
# 8 Class B Rip Rap 9" x 15"		\$16.20	\$16.45
# 9 Asphalt Sand		\$11.35	\$11.60
#13 Class E Rip Rap (Boulders Larger than 27")		\$22.50	\$22.75
#14 Flat Boulders		\$25.00	\$25.25
#15 Class C Rip Rap 15" x 21"		\$16.35	\$16.60
#16 Class D Rip Rap 21 1/2" x 27"		\$16.60	\$16.85
#17 Dirt Sales per Ton		\$5.00	\$5.00
Credit			
Credit Application Fee		\$60.00	\$60.00
<i>* Quarry Manager may substitute one product, close in scale, for another due to availabilities.</i>			
<b>Sheriff</b>			
<b>Civil Fees</b>			
Mechanics Liens	Each	\$10.00	\$10.00
Subpoenas	Each	\$10.00	\$10.00
Foreclosures	Each	\$25.00	\$25.00
Judgments	Each	\$25.00	\$25.00
Writs	Each	\$25.00	\$25.00
Trespass Notice	Each	\$15.00	\$15.00
Other	Each	\$15.00	\$15.00
<b>Miscellaneous</b>			
Incident Reports	Each	\$2.00	\$2.00
Record Check	Each	\$5.00	\$5.00
Executions	Each	\$25.00	\$25.00



**Oconee County, South Carolina  
Fees Schedule  
2022-2023 Budget**

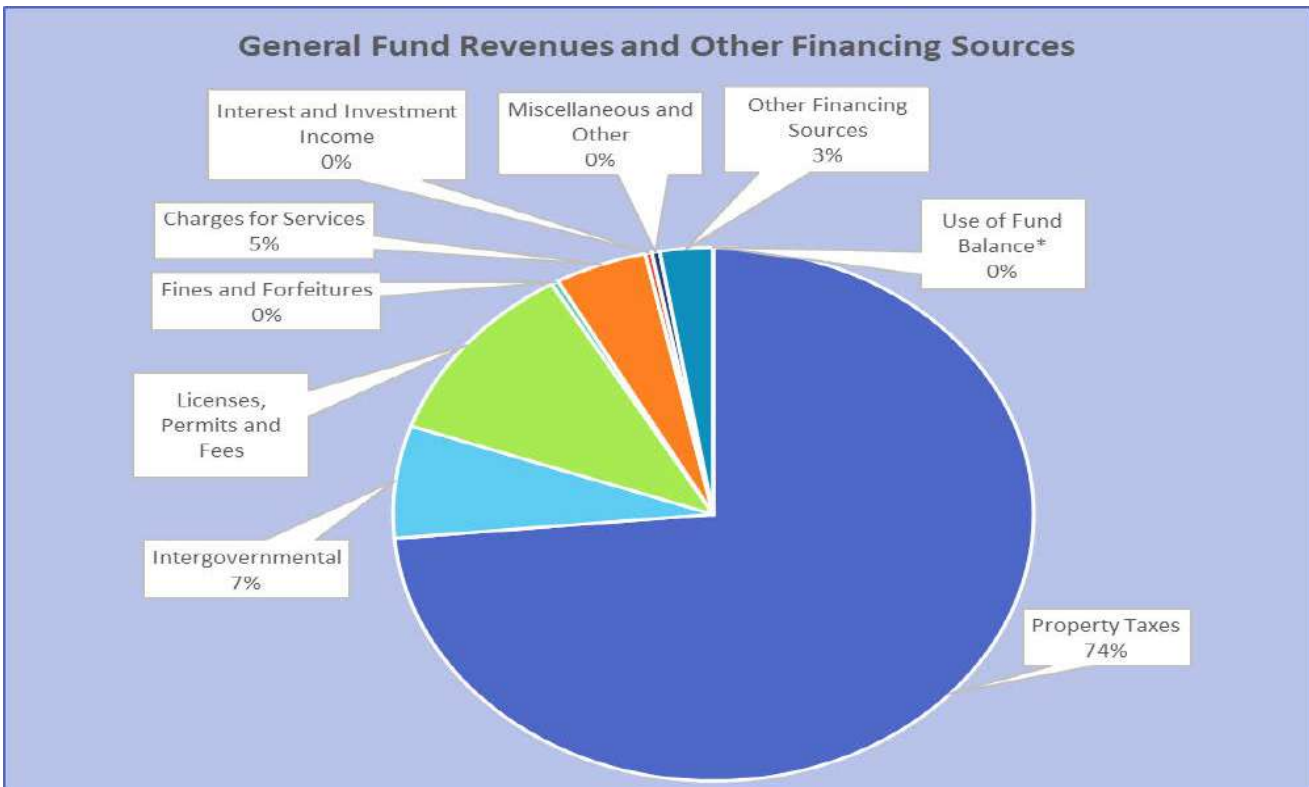
Description	Rate	FY 2022 Fees	FY 2023 Fees
<b>Solid Waste</b>			
MSW Transfer Station Tipping Fee- Residential	Per Ton	\$60.00	\$60.00
MSW Transfer Station Tipping Fee - Commercial	Per Ton	\$60.00	\$60.00
C and D Landfill Tipping Fee (Rate was last set in 2008.)	Per Ton	\$35.00	\$35.00
Railroad Ties and Telephone Poles	Per Ton	\$65.00	\$80.00
Passenger and Truck Tires (set by SC DHEC)	Per Ton	\$150.00	\$150.00
Off-Road, Large Tractor, or Oversized Tires	Per Ton	\$175.00	\$175.00
Asbestos	Per Ton	\$85.00	\$85.00
<b>Solid Waste License's</b>			
Commercial/Industrial	Per Entity	\$100.00	\$100.00
Residential	Per Entity	\$40.00	\$40.00
Combined	Per Entity	\$125.00	\$125.00
<b>Miscellaneous</b>			
Truck Decal	Each	\$5.00	\$5.00
<b>Credit</b>			
Credit Application Fee		\$60.00	\$60.00
Billing Late Fee after 15 day grace period		3%	3%
<b>Recycling Container Fees</b>			
8 Yard Container (for cardboard/paper recycling)			
- 4 Pickups per month		\$80.00	\$80.00
- 8 pickups per month		\$120.00	\$120.00
- each additional pick up		\$25.00	\$25.00
8 Yard Container (for plastics or aluminum)			
- Monthly container Fee		\$25.00	\$25.00
- No charge when there is a scheduled pick up		-	-
<b>40 Yard Container (for Metal)</b>			
- Monthly container Fee		\$25.00	\$25.00
- No charge when there is a scheduled pick up		-	-
Landfill/Transfer Station Reloading Fee of Unacceptable/Unapproved Waste	Per Load	\$100.00	\$150.00
Clean Concrete for recycling not greater than 3' X 3' (Not mixed with rock, dirt or other waste with rebar less than 1/2")		\$10.00	\$10.00
Clean Asphalt for recycling (not mixed with dirt)		\$10.00	\$10.00
Clean Fill Dirt		No Charge	No Charge
<b>Solicitor</b>			
Worthless Check Fee		\$50 for checks <\$500; \$100 dollars for checks \$500.01 to \$1000; and \$150 for checks >\$1000.01	\$50 for checks <\$500; \$100 dollars for checks \$500.01 to \$1000; and \$150 for checks >\$1000.01
<b>Treasurer</b>			
Decal Fee	Each	\$1.00	\$1.00
Bad Check Fee	Each	\$30.00	\$30.00
Replacement Check Fee	Each	\$30.00	\$30.00

**Oconee County, South Carolina  
General Fund Summary  
2022-2023 Budget**

Revenues and Other Financing Sources						
Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended	
Property Taxes	36,208,258	36,730,275	38,531,227	41,801,385	44,493,703	Pg 14
Intergovernmental	4,234,575	3,995,120	4,686,613	4,144,712	4,117,842	Pg 15
Licenses, Permits and Fees	4,525,197	5,352,745	6,694,932	6,156,250	6,783,600	Pg 16
Fines and Forfeitures	228,269	231,260	242,004	222,600	222,600	Pg 17
Charges for Services	2,193,335	2,053,881	2,554,699	2,571,016	2,823,328	Pg 18
Interest and Investment Income	982,420	903,344	75,750	475,000	200,000	Pg 19
Miscellaneous and Other	174,758	210,933	267,164	204,189	242,214	Pg 20
Other Financing Sources	1,271,136	3,052,463	805,631	1,260,000	1,729,677	Pg 21
Use of Fund Balance*	-	-	-	500,000	-	N/A
	<b>49,817,948</b>	<b>52,530,020</b>	<b>53,858,020</b>	<b>57,335,152</b>	<b>60,612,964</b>	

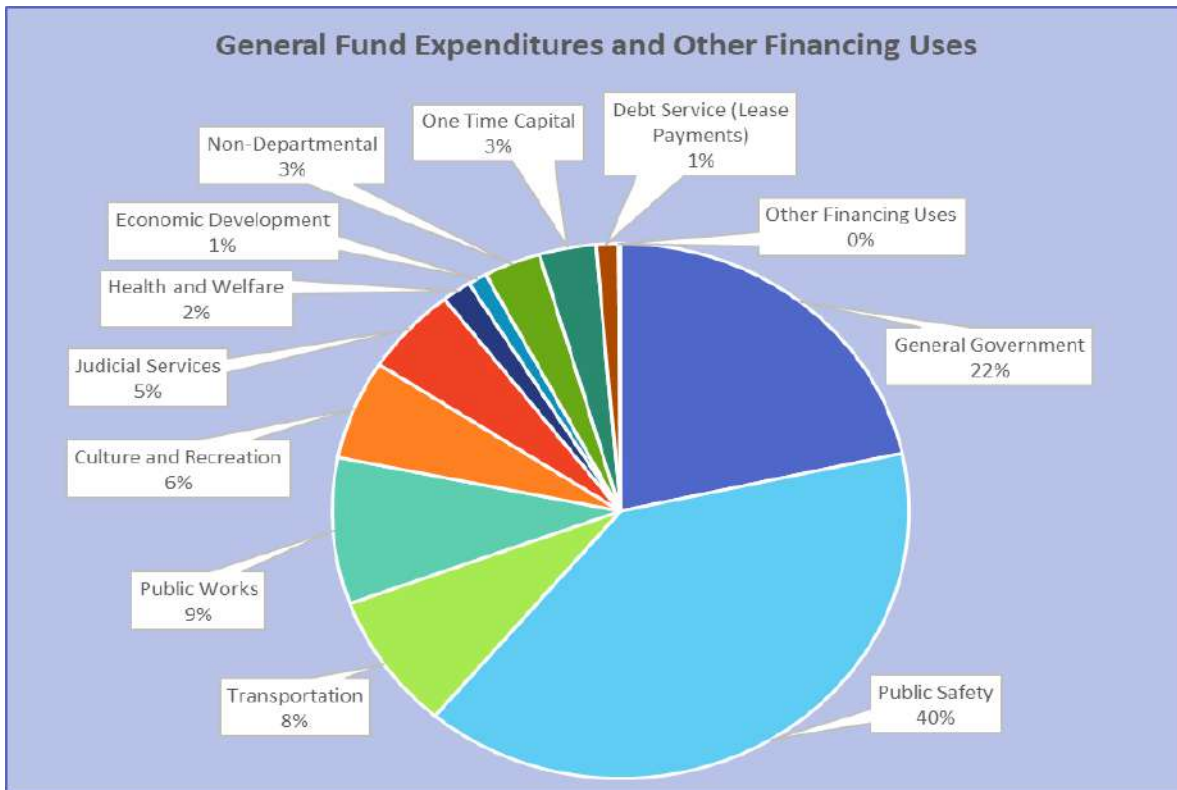
\*See pages 11 & 62

5.444%      2.528%      6.456%      5.717%



**Oconee County, South Carolina  
General Fund Summary  
2022-2023 Budget**

Expenditures and Other Financing Uses					
Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
<b>General Government</b>	8,135,893	8,732,555	9,112,716	10,258,305	10,792,178
<b>Public Safety</b>	20,313,476	20,793,683	21,812,426	22,993,499	25,404,328
<b>Transportation</b>	3,927,057	3,727,397	3,996,246	4,944,675	5,137,892
<b>Public Works</b>	4,196,678	4,373,084	4,759,895	4,727,914	5,441,966
<b>Culture and Recreation</b>	2,980,885	3,187,563	3,356,741	3,688,893	4,009,510
<b>Judicial Services</b>	2,719,361	2,801,152	2,898,988	3,278,730	3,414,755
<b>Health and Welfare</b>	864,346	945,792	880,902	931,725	999,642
<b>Economic Development</b>	620,166	564,167	581,958	690,047	665,752
<b>Non-Departmental</b>	1,506,617	1,538,345	3,399,458	2,155,822	1,935,000
<b>One Time Capital</b>	1,571,795	1,015,169	2,455,920	2,180,000	1,920,000
<b>Debt Service (Lease Payments)</b>	947,494	982,646	1,401,748	738,542	742,574
<b>Other Financing Uses</b>	199,216	275,000	140,000	747,000	149,367
	<b>47,982,984</b>	<b>48,936,553</b>	<b>54,796,997</b>	<b>57,335,152</b>	<b>60,612,964</b>
<b>Net Change in Fund Balance</b>	1,834,964	3,593,467	(938,977)	0	-
	1,834,964	3,593,467	(938,977)		
<b>Actual Value of a Mill</b>	537,612	545,613	561,398	561,398	565,500



<b>Revenues and Other Financing Sources</b>					
	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Budget</b>	<b>FY 2023 Administrator Recommended</b>
<b>Property Tax</b>	36,208,258	36,730,275	38,531,227	41,801,385	44,493,703
<b>Intergovernmental</b>	4,234,575	3,995,120	4,686,613	4,144,712	4,117,842
<b>Licenses, Permits and Fees</b>	4,525,197	5,352,745	6,694,932	6,156,250	6,783,600
<b>Fines and Forfeitures</b>	228,269	231,260	242,004	222,600	222,600
<b>Charges for Services</b>	2,193,335	2,053,881	2,554,699	2,571,016	2,823,328
<b>Interest and Investment Income</b>	982,420	903,344	75,750	475,000	200,000
<b>Miscellaneous and Other</b>	174,758	210,933	267,164	204,189	242,214
<b>Other Financing Sources</b>	1,271,136	3,052,463	805,631	1,260,000	1,729,677
<b>Use of Fund Balance</b>	-	-	-	500,000	-
<b>Total Revenues &amp; Other Fin. Sources</b>	<b>49,817,948</b>	<b>52,530,020</b>	<b>53,858,020</b>	<b>57,335,152</b>	<b>60,612,964</b>

<b>Expenditures and Other Financing Uses</b>					
<b>Department by Function</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Budget</b>	<b>FY 2023 Administrator Recommended</b>
<b>General Government</b>					
Admin Contingency, COLA, New Positions and Deputies	-	-	-	273,869	300,219
Administrator (717)	339,445	421,698	368,142	599,949	450,553
Assessor (301)	954,778	982,480	977,340	1,056,178	1,096,607
Auditor (302)	454,221	503,692	520,741	622,713	667,476
Board of Assessment Appeals (303)	2,214	2,691	3,252	12,003	7,526
County Attorney (741)	330,812	321,500	321,864	399,970	404,792
County Council (704)	302,343	369,548	294,827	312,340	322,151
Delinquent Tax Collector (305)	373,471	321,423	378,409	471,054	448,571
Facilities Maintenance (714)	1,224,612	1,352,242	1,635,811	1,422,378	1,460,350
Finance Office (708)	652,451	607,173	695,773	693,166	715,308
Human Resources (710)	304,392	319,402	335,055	352,973	423,817
Information Technology (711)	868,395	907,661	906,987	1,070,551	1,211,401
Legislative Delegation (706)	89,148	94,577	94,905	98,099	102,957
Planning Commission (712)	101,158	286,705	230,074	394,675	444,572
Procurement (713)	151,349	151,019	168,821	182,966	250,378
Register of Deeds (735)	293,003	290,826	301,709	326,158	341,909
Soil and Water Conservation District (716)	73,031	68,319	80,945	85,027	81,981
Treasurer (306)	484,228	571,624	588,667	654,430	706,729
Vehicle Maintenance (721)	870,837	924,682	933,092	980,737	1,050,423
Voter Registration and Elections (715)	266,004	235,293	276,302	249,069	304,458
<b>Total General Government</b>	<b>8,135,893</b>	<b>8,732,555</b>	<b>9,112,716</b>	<b>10,258,305</b>	<b>10,792,178</b>
<b>Public Safety</b>					
Animal Control (110)	616,322	640,343	643,774	665,508	713,941
Building Codes (702)	780,317	623,677	623,287	661,650	734,647
Communications (104)	1,596,630	1,605,604	1,651,216	1,752,113	1,916,158
Coroner (103)	224,111	249,964	257,253	312,110	328,596
Detention Center (106)	4,002,216	4,235,413	4,347,274	4,663,334	5,076,497
Fire/Emergency Services (107)	4,270,026	4,149,021	4,958,632	4,997,044	5,548,614
Sheriff (101)	8,823,854	9,289,661	9,330,990	9,941,740	11,085,875
<b>Total Public Safety</b>	<b>20,313,476</b>	<b>20,793,683</b>	<b>21,812,426</b>	<b>22,993,499</b>	<b>25,404,328</b>

Expenditures and Other Financing Uses					
Department by Function	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
<b>Transportation</b>					
Airport (720)	1,243,789	1,183,587	1,340,473	1,945,707	1,994,759
Roads and Bridges (601)	2,683,268	2,543,810	2,655,773	2,998,968	3,143,133
<b>Total Transportation</b>	<b>3,927,057</b>	<b>3,727,397</b>	<b>3,996,246</b>	<b>4,944,675</b>	<b>5,137,892</b>
<b>Public Works</b>					
Solid Waste (718)	4,196,678	4,373,084	4,759,895	4,727,914	5,441,966
<b>Total Public Works</b>	<b>4,196,678</b>	<b>4,373,084</b>	<b>4,759,895</b>	<b>4,727,914</b>	<b>5,441,966</b>
<b>Culture and Recreation</b>					
Chau Ram Park (205)	283,189	338,326	413,942	378,251	407,469
High Falls Park (203)	364,327	425,231	453,077	458,260	453,196
Library (206)	1,371,889	1,376,570	1,383,383	1,495,888	1,576,959
Parks, Recreation and Tourism (202)	482,349	576,333	587,530	778,823	970,004
South Cove Park (204)	479,131	471,103	518,809	577,671	601,882
<b>Total Culture and Recreation</b>	<b>2,980,885</b>	<b>3,187,563</b>	<b>3,356,741</b>	<b>3,688,893</b>	<b>4,009,510</b>
<b>Judicial Services</b>					
Clerk of Court (501)	643,694	654,713	681,337	708,592	788,291
Magistrate (509)	802,721	799,070	815,506	953,613	989,790
Probate Court (502)	362,847	353,803	360,145	383,940	381,670
Public Defender (510)	200,000	240,000	240,000	250,000	250,000
Solicitor (504)	710,099	753,566	802,000	982,585	1,005,004
<b>Total Judicial Services</b>	<b>2,719,361</b>	<b>2,801,152</b>	<b>2,898,988</b>	<b>3,278,730</b>	<b>3,414,755</b>
<b>Health and Welfare</b>					
Health and Human Services Direct Aid (705)	630,041	714,802	647,784	671,867	736,867
Department of Social Services (402)	19,867	12,829	11,435	13,200	12,700
Health Department (403)	28,815	26,743	22,169	29,134	29,150
Veterans' Affairs (404)	185,623	191,418	199,514	217,524	220,925
<b>Total Health and Welfare</b>	<b>864,346</b>	<b>945,792</b>	<b>880,902</b>	<b>931,725</b>	<b>999,642</b>
<b>Economic Development (707)</b>	<b>620,166</b>	<b>564,167</b>	<b>581,958</b>	<b>690,047</b>	<b>665,752</b>
<b>Non-Departmental (709)</b>	<b>1,506,617</b>	<b>1,538,345</b>	<b>3,399,458</b>	<b>2,155,822</b>	<b>1,935,000</b>
<b>One Time Capital</b>	<b>1,571,795</b>	<b>1,015,169</b>	<b>2,455,920</b>	<b>2,180,000</b>	<b>1,920,000</b>
<b>Debt Service Lease Payments</b>	<b>947,494</b>	<b>982,646</b>	<b>1,401,748</b>	<b>738,542</b>	<b>742,574</b>
<b>Other Financing Uses</b>	<b>199,216</b>	<b>275,000</b>	<b>140,000</b>	<b>747,000</b>	<b>149,367</b>
<b>Total Expenditures and Other Financing Uses</b>	<b>47,982,984</b>	<b>48,936,553</b>	<b>54,796,997</b>	<b>57,335,152</b>	<b>60,612,964</b>
<b>Net Change in Fund Balance Increase (Decrease)</b>	<b>1,834,964</b>	<b>3,593,467</b>	<b>(938,977)</b>	<b>0</b>	<b>-</b>

**Oconee County, South Carolina  
Property Taxes  
2022-2023 Budget**

Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
<b>Real Estate</b>	29,147,071	28,689,186	30,068,275	33,757,132	36,135,450
<b>BMW</b>	7,992	7,926	6,227	7,500	6,500
<b>Vehicle</b>	2,259,762	2,467,321	2,748,336	2,635,000	2,725,000
<b>Watercraft</b>	-	102,137	608,325	700,000	825,000
<b>Homestead Exemption</b>	1,117,283	1,212,251	1,218,039	1,200,000	1,200,000
<b>Fee-In-Lieu</b>	1,836,115	1,871,777	1,942,456	1,800,000	1,900,000
<b>Merchants Inventory</b>	75,043	75,043	75,043	75,000	75,000
<b>Motor Carrier</b>	343,467	137,561	403,561	170,753	170,753
<b>Manufacturer's Exemption</b>	331,320	336,703	333,722	336,000	336,000
<b>Manufacturer PVE Reimb</b>	16,942	61,531	69,431	70,000	70,000
<b>County Penalty</b>	153,453	136,169	166,019	150,000	150,000
<b>Delinquent</b>	919,810	1,632,670	891,793	900,000	900,000
<b>Total Property Taxes</b>	<b>36,208,258</b>	<b>36,730,275</b>	<b>38,531,227</b>	<b>41,801,385</b>	<b>44,493,703</b>

**Oconee County, South Carolina  
Intergovernmental  
2022-2023 Budget**

<b>Account Number</b>	<b>Description</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Budget</b>	<b>FY 2023 Administrator Recommended</b>
010-080-00805-00190	SC Cares COVID	-	-	262,524	-	-
010-081-00810-14904	Impact Fee For Tires	48,033	47,529	43,627	35,000	40,000
010-081-00810-15000	1/2 Pollution Control Fine	-	5,398	-	500	-
010-081-00810-20005	State Aid to Subdivisions	2,859,287	2,986,064	3,040,980	3,013,261	3,013,260
010-081-00810-20060	Flood Control	55,506	-	65,824	40,000	50,000
010-081-00810-20065	TNC Act Local Assessment Fees	1,960	2,855	1,449	-	-
010-081-00810-20400	Sheriff Supplement	1,575	1,575	1,575	1,576	1,576
010-081-00810-21200	Coroner Supplement	1,575	1,575	1,575	1,576	1,576
010-081-00810-21300	Registration Board	6,542	6,501	6,750	6,944	6,750
010-081-00810-21400	Register of Deeds Supplement	1,575	1,575	1,575	1,576	1,576
010-081-00810-21900	Clerk of Court Supplement	1,575	1,575	1,575	1,576	1,576
010-081-00810-22300	Probate Judge Supplement	1,575	1,575	1,575	1,576	1,576
010-081-00810-22950	SCABL On Premise License	23,950	19,900	24,850	20,000	25,000
010-081-00810-25900	Veterans' Affairs State Aid	5,371	5,478	5,478	5,478	5,478
010-081-00810-60460	Resource Officer Reimbursement	541,374	609,098	662,901	595,926	600,354
010-081-00810-74700	Circuit Solicitors Extra State Funding (FY2022 - 2 Employees)	-	-	-	200,223	149,620
010-081-00825-00161	SC Disaster Reimb - Hurricane	81,961	-	-	-	-
010-081-00825-90715	SCDOC C-14-2286 US Engine Grant	60,000	-	-	-	-
010-081-00825-91126	BWC Reimb Rev for Prior	-	34,360	-	-	-
010-081-00825-97715	SC State Election Reimb Revenue	32,512	5,854	82,194	20,000	20,000
010-082-00825-00161	Fema Disaster Hurricane	267,905	-	-	-	-
010-082-00825-00191	FEMA 2020 Tornado	-	-	33,999	-	-
010-082-00825-00192	FEMA 2020 Flooding	-	-	260,103	-	-
010-082-00830-25500	Department of Social Services	56,458	53,038	27,985	50,000	50,000
010-082-00830-25600	Sheriff Title IVD Service of Process	7,854	5,379	4,472	9,500	9,500
010-082-00830-40030	Federal Owned Land PILT	114,835	142,639	155,602	140,000	140,000
010-080-00805-10710	SDOC Reimb Fire Instructor	63,152	63,152	-	-	-
<b>Total</b>	<b>Total Intergovernmental</b>	<b>4,234,575</b>	<b>3,995,120</b>	<b>4,686,613</b>	<b>4,144,712</b>	<b>4,117,842</b>

**Oconee County, South Carolina  
License, Permits, & Fees  
2022-2023 Budget**

Account Number	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010-080-00805-10285	Tax Sale Fees	236,564	157,325	268,720	235,000	250,000
010-080-00805-10302	Temporary Tag Collection	2,280	-	-	-	-
010-080-00805-10310	Vehicle Decal Fees	66,846	69,118	72,790	65,000	72,000
010-080-00805-10311	Noise Ord Permit Fee	150	50	-	-	-
010-080-00805-10312	Franchise Fee Cable TV	222,052	255,449	253,187	250,000	252,000
010-080-00805-10370	Communication Tower Fees	15,000	25,000	36,000	30,000	32,000
010-080-00805-10400	Sheriff Civil Fees	5,560	7,900	7,495	5,000	6,000
010-080-00805-10504	Worthless Checks	2,385	3,444	3,116	6,000	3,000
010-080-00805-10600	Road Inspection Fee	648	-	-	-	-
010-080-00805-10601	Encroachment Fees - Roads and Bridges	12,896	18,445	31,959	20,000	30,000
010-080-00805-10915	Airport Special Events	2,825	5,017	750	11,000	-
010-080-00805-10916	Airport Shuttle - SR Solutions	3,490	5,095	-	3,500	-
010-080-00805-11000	Library Fines and Fees	29,214	18,776	11,610	20,000	15,000
010-080-00805-11100	Dog Adoption Fees	45,582	25,825	6,580	20,000	10,000
010-080-00805-11101	Cat Adoption Fees	21,050	18,670	28,345	20,000	20,000
010-080-00805-11103	Animal Boarding Fees	875	1,040	120	1,500	1,000
010-080-00805-11703	Map Copies Assessor	2,228	1,041	484	2,000	500
010-080-00805-11900	Clerk of Court	219,833	240,874	195,494	250,000	225,000
010-080-00805-11902	3% State Document Fee	44,078	49,483	74,867	42,000	60,000
010-080-00805-12032	Vehicle Maintenance Labor Reimbursement	933	847	1,110	1,650	-
010-080-00805-12301	Probate Judge Estates	141,643	143,921	179,141	135,000	150,000
010-080-00805-12302	Probate Judge Advertising	19,630	68,063	151,792	100,000	150,000
010-080-00805-12304	Probate Judge Marriage Licenses	7,652	7,318	10,813	8,500	10,000
010-080-00805-12305	Probate Judge Returns	300	310	350	100	100
010-080-00805-12307	Probate Judge Marriage Certificates	5,385	5,700	5,283	5,500	5,500
010-080-00805-12308	Probate Judge Marriage Ceremony	5,717	5,060	3,550	4,000	3,500
010-080-00805-12309	Probate Judge Orders	-	-	-	-	-
010-080-00805-12501	Tax Collector Fees	50,200	45,574	54,510	40,000	50,000
010-080-00805-13700	Building Codes	862,741	995,832	1,333,492	1,200,000	1,500,000
010-080-00805-13701	Building Codes Mobile Home Fees	20,000	22,050	22,705	20,000	20,000
010-080-00805-13705	Building Codes Plan Review Fees	130,286	189,490	162,284	175,000	175,000
010-080-00805-13706	Subdivision Plan Review Fees	2,300	4,225	5,800	5,000	5,000
010-080-00805-13708	Code Book Revenues- Building Codes	-	-	-	-	-
010-080-00805-13724	Land Use Appeals - Planning	900	800	2,850	2,500	2,500
010-080-00805-13753	Zoning Permit Fees	21,069	21,775	25,035	20,000	25,000
010-080-00805-14100	Register of Deeds	820,785	1,003,351	1,437,784	1,400,000	1,500,000
010-080-00805-14904	Solid Waste Impact Fee for Tires	5,932	5,712	13,120	6,000	13,000
010-080-00805-15406	Credit Application Fees	2,207	840	348	-	-
010-080-00805-16002	Magistrate Court Fees	1,019	1,420	1,371	1,000	-
010-080-00805-16003	Magistrate Civil Paper Fees	100,585	92,008	85,401	85,000	85,000
010-080-00805-16030	Magistrate Collection Cost	2,439	2,451	2,631	2,500	2,500
010-080-00805-60105	Sign Fees - Roads and Bridges	4,083	2,672	5,044	8,500	5,000
010-080-00805-60735	One Stop Recording Fees	2,930	5,250	6,915	5,000	5,000
010-080-49807-14900	Solid Waste Tipping Fees	1,382,905	1,825,524	2,192,086	1,950,000	2,100,000
<b>Total</b>	<b>Total License, Permits, and Fees</b>	<b>4,525,197</b>	<b>5,352,745</b>	<b>6,694,932</b>	<b>6,156,250</b>	<b>6,783,600</b>



**Oconee County, South Carolina  
Fines & Forfeitures  
2022-2023 Budget**

<b>Account Number</b>	<b>Description</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Budget</b>	<b>FY 2023 Administrator Recommended</b>
010-080-00805-16001	Magistrate Fines	226,586	227,101	239,193	220,000	220,000
010-080-00805-16004	25% Boating Fines Retained	647	689	1,049	1,100	1,100
010-080-00805-16006	Solicitor's Traffic Education	140	-	38	-	-
010-080-00805-16016	Litter Fines (90% GF)	896	2,630	1,004	1,500	1,500
010-080-00805-16024	Litter Fine In Lieu of Pickup	-	840	720	-	-
<b>Total</b>	<b>Total Fines and Forfeitures</b>	<b>228,269</b>	<b>231,260</b>	<b>242,004</b>	<b>222,600</b>	<b>222,600</b>

**Oconee County, South Carolina  
Charges for Services  
2022-2023 Budget**

	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010-080-00805-00203	High Falls Park	159,938	131,234	220,987	150,000	225,000
010-080-00805-00204	South Cove Park	344,267	305,344	458,375	350,000	460,000
010-080-00805-00205	Chau Ram Park	39,230	32,906	79,302	60,000	85,000
010-080-00805-00306	PRT Season Pass/Treasurer	1,055	875	850	1,200	500
010-080-00805-00900	Sheriff-Voluntary Extra Duty Pay	125,106	115,588	80,122	100,000	80,000
010-080-00805-10900	Airport - Hangar Rent	130,259	129,843	126,368	130,620	148,802
010-080-00805-10904	Airport Comm./Mechanic	6,300	5,775	6,300	6,300	6,300
010-080-00805-10905	Tie Down	3,605	3,750	3,535	4,920	3,500
010-080-00805-10906	Airport Miscellaneous	3,728	1,515	1,132	750	1,000
010-080-00805-10911	Bare Land Lease	2,626	2,626	2,626	2,626	2,626
010-080-00805-10912	Airport - Call Out Fees	8,980	13,805	20,000	10,000	20,000
010-080-00805-10913	Airport - Long-Term Parking Fees	970	1,730	3,690	3,500	3,500
010-080-00805-10914	Airport - Ramp Fee	19,673	20,903	27,953	25,000	25,000
010-080-00805-10980	Airport - Aviation Fuel	230,739	216,896	237,676	225,000	225,000
010-080-00805-10990	Airport - Jet Fuel	901,049	834,080	1,061,741	1,275,000	1,275,000
010-080-00805-62051	Fairplay Recreation Area Revenue	5,138	5,150	3,787	5,500	3,500
010-080-00805-62052	Lawrence Bridge Rec Area Revenue	5,018	4,463	3,505	4,500	3,500
010-080-00805-62053	Mullins Ford Rec Area Revenue	603	273	445	500	500
010-080-00805-62054	Choestoea Landing Revenue	1,569	1,062	1,721	1,600	1,600
010-080-00805-62055	Port Bass Landing Revenue	39	10	-	-	-
010-080-00805-62056	Seneca Creek Landing Revenue	2,826	3,220	2,543	3,000	2,500
010-080-00805-62057	South Union Landing Revenue	859	901	487	1,000	500
010-080-49807-14902	Solid Waste - Recyclables	171,667	213,058	211,554	200,000	250,000
010-080-49807-14910	Solid Waste - Mulch Sales	28,091	8,874	-	10,000	-
<b>Total</b>	<b>Total Charges for Services</b>	<b>2,193,335</b>	<b>2,053,881</b>	<b>2,554,699</b>	<b>2,571,016</b>	<b>2,823,328</b>

**Oconee County, South Carolina  
Interest and Investment Income  
2022-2023 Budget**

	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
<b>Multiple Account Numbers</b>	<b>Interest - Administrative Investment Accounts</b>	982,420	903,344	75,750	475,000	200,000
<b>Total</b>	<b>Total Interest and Investment Income</b>	<b>982,420</b>	<b>903,344</b>	<b>75,750</b>	<b>475,000</b>	<b>200,000</b>

**Oconee County, South Carolina  
Miscellaneous and Other  
2022-2023 Budget**

	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010-080-00805-10290	Gain/Loss on Sales of Forfeited Land	(9,411)	(36,005)	(12,864)	-	-
010-080-00805-10320	Rent - USDA Building	7,800	7,800	7,800	7,800	7,800
010-080-00805-10321	Rent - Bantam Chef	3,000	2,750	3,000	3,000	3,000
010-080-00805-10340	Miscellaneous Income	44,926	66,712	97,400	90,000	95,000
010-080-00805-10343	Brady Lease Revenue	-	-	6,000	-	-
010-080-00805-10385	Land Sales - Forfeited Land Commission (FLC)	15,595	50,267	35,576	10,000	25,000
010-080-00805-10386	Auditor FLC Processing Fees	680	1,560	2,840	250	1,275
010-080-00805-10387	Auditor FLC Delinquent Tax Fee	8,220	19,270	32,020	3,000	15,000
010-080-00805-10401	Miscellaneous - Sheriff	40,262	44,453	43,263	40,000	43,000
010-080-00805-11106	Animal Control Miscellaneous Revenue	18,556	16,316	19,115	10,000	15,000
010-080-00805-12306	Miscellaneous - Probate Judge	20,553	17,822	15,420	17,000	15,000
010-080-00805-16020	Master in Equity	11,640	9,245	5,740	12,000	10,000
010-080-00805-20800	Soil and Water	6,139	-	6,139	6,139	6,139
010-080-00805-60003	Storm Water Assistance Fund	4,701	10,743	5,715	5,000	6,000
010-001-00028-71144	Restitution	2,097	-	-	-	-
<b>Total</b>	<b>Total Miscellaneous and Other</b>	<b>174,758</b>	<b>210,933</b>	<b>267,164</b>	<b>204,189</b>	<b>242,214</b>

**Oconee County, South Carolina**  
**Other Financing Sources and Use of General Fund Balance**  
**2022-2023 Budget**

Other Financing Sources						
	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010-090-00170-70012	Transfer From Capital Projects (012)	185,681	-	-	-	-
010-090-00170-70017	Transfer From Rock Quarry	500,000	750,000	750,000	1,000,000	1,000,000
010-090-00170-70230	Transfer From State Accommodations Tax (Fund 230)	72,522	40,035	46,441	34,000	45,000
010-090-00170-70235	Transfer From Local Accommodations Tax (Mountain Lakes CVB LAT Salaries) (Fund 235)	213,488	-	-	186,000	408,177
010-080-00805-10305	Sale of Capital Assets	67,030	-	-	-	-
010-080-00805-10300	Non-Capital Sales	-	11,769	-	-	-
010-080-00170-07190	Insurance Recovery & Health Plan	231,670	27,353	9,190	25,000	25,000
010-090-00180-07191	OFS Insurance Proceeds Prepaid Legal	745	23,306	-	15,000	1,500
New Account	Upcountry Fiber	-	-	-	-	250,000
010-080-00170-07180	Proceeds from Capital Lease	-	2,200,000	-	-	-
		<b>1,271,136</b>	<b>3,052,463</b>	<b>805,631</b>	<b>1,260,000</b>	<b>1,729,677</b>
Use of General Fund Balance						
	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Approved 6/22/2021	FY 2023 Administrator Recommended
	Use of Prior Years Fund Balance	-	-	-	-	-
	Use of Fund Balance - Westminster Magistrate*	-	-	-	500,000	-
<b>Total</b>	<b>Total Other Financing Sources</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>500,000</b>	<b>-</b>
<b>Total of OFS</b>		<b>1,271,136</b>	<b>3,052,463</b>	<b>805,631</b>	<b>1,760,000</b>	<b>1,729,677</b>

**Oconee County, South Carolina  
Program Revenue  
2022-2023 Budget**

	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010-080-00805-10900	Airport - Hangar Rent	130,259	129,843	126,368	130,620	148,802
010-080-00805-10904	Airport Comm./Mechanic	6,300	5,775	6,300	6,300	6,300
010-080-00805-10905	Tie Down	3,605	3,750	3,535	4,920	3,500
010-080-00805-10906	Airport Miscellaneous	3,728	1,515	1,132	750	1,000
010-080-00805-10911	Bare Land Lease	2,626	2,626	2,626	2,626	2,626
010-080-00805-10912	Airport - Call Out Fees	8,980	13,805	20,000	10,000	20,000
010-080-00805-10913	Airport - Long-Term Parking Fees	970	1,730	3,690	3,500	3,500
010-080-00805-10914	Airport - Ramp Fee	19,673	20,903	27,953	25,000	25,000
010-080-00805-10915	Airport Special Events	2,825	5,017	750	11,000	-
010-080-00805-10916	Airport Shuttle - SR Solutions	3,490	5,095	-	3,500	-
010-080-00805-10980	Airport - Aviation Fuel	230,739	216,896	237,676	225,000	225,000
010-080-00805-10990	Airport - Jet Fuel	901,049	834,080	1,061,741	1,275,000	1,275,000
<b>Airport Total</b>		<b>1,314,244</b>	<b>1,241,035</b>	<b>1,491,771</b>	<b>1,698,216</b>	<b>1,710,728</b>
010-080-00805-11100	Dog Adoption Fees	45,582	25,825	6,580	20,000	10,000
010-080-00805-11101	Cat Adoption Fees	21,050	18,670	28,345	20,000	20,000
010-080-00805-11103	Animal Boarding Fees	875	1,040	120	1,500	1,000
010-080-00805-11106	Animal Control Miscellaneous Revenue	18,556	16,316	19,115	10,000	15,000
<b>Animal Control Total</b>		<b>86,063</b>	<b>61,851</b>	<b>54,160</b>	<b>51,500</b>	<b>46,000</b>
010-080-00805-11703	Map Copies Assessor	2,228	1,041	484	2,000	500
<b>Assessor Total</b>		<b>2,228</b>	<b>1,041</b>	<b>484</b>	<b>2,000</b>	<b>500</b>
010-080-00805-10302	Temporary Tag Collection	2,280	-	-	-	-
<b>Auditor Total</b>		<b>2,280</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
010-080-00805-13700	Building Codes	862,741	995,832	1,333,492	1,200,000	1,500,000
010-080-00805-13701	Building Codes Mobile Home Fees	20,000	22,050	22,705	20,000	20,000
010-080-00805-13705	Building Codes Plan Review Fees	130,286	189,490	162,284	175,000	175,000
010-080-00805-13706	Subdivision Plan Review Fees	2,300	4,225	5,800	5,000	5,000
010-080-00805-10370	Communication Tower Fees	15,000	25,000	36,000	30,000	32,000
010-080-00805-60735	One Stop Recording Fees	2,930	5,250	141,643	5,000	5,000
<b>Building Codes Total</b>		<b>1,033,257</b>	<b>1,241,847</b>	<b>1,701,924</b>	<b>1,435,000</b>	<b>1,737,000</b>
010-080-00805-00205	Chau Ram Park	39,230	32,906	79,302	60,000	85,000
<b>Chau Ram Park Total</b>		<b>39,230</b>	<b>32,906</b>	<b>79,302</b>	<b>60,000</b>	<b>85,000</b>
010-080-00805-11900	Clerk of Court	219,833	240,874	195,494	250,000	225,000
010-080-00805-11902	3% State Document Fee	44,078	49,483	74,867	42,000	60,000
010-080-00805-16020	Master in Equity	11,640	9,245	5,740	12,000	10,000
010-081-00810-21900	Clerk of Court Supplement	1,575	1,575	1,575	1,576	1,576
<b>Clerk of Court Total</b>		<b>277,126</b>	<b>301,177</b>	<b>277,676</b>	<b>305,576</b>	<b>296,576</b>
010-081-00810-21200	Coroner Supplement	1,575	1,575	1,575	1,576	1,576
<b>Coroner Total</b>		<b>1,575</b>	<b>1,575</b>	<b>1,575</b>	<b>1,576</b>	<b>1,576</b>
010-080-00805-10285	Tax Sale Fees	236,564	157,325	268,720	235,000	250,000
010-080-00805-12501	Tax Collector Fees	50,200	45,574	54,510	40,000	50,000
<b>Delinquent Tax Total</b>		<b>286,764</b>	<b>202,899</b>	<b>323,230</b>	<b>275,000</b>	<b>300,000</b>
010-082-00830-25500	Department of Social Services	56,458	53,038	27,985	50,000	50,000
<b>Department of Social Services Total</b>		<b>56,458</b>	<b>53,038</b>	<b>27,985</b>	<b>50,000</b>	<b>50,000</b>
010-080-00805-10710	SDOC Reimb Fire Instructor	63,152	63,152	-	-	-
<b>Fire/Emergency Services Total</b>		<b>63,152</b>	<b>63,152</b>	<b>-</b>	<b>-</b>	<b>-</b>

**Oconee County, South Carolina  
Program Revenue  
2022-2023 Budget**

	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010-080-00805-00203	High Falls Park	159,938	131,234	220,987	150,000	225,000
010-080-00805-62051	Fairplay Recreation Area Revenue	5,138	5,150	3,787	5,500	3,500
010-080-00805-62052	Lawrence Bridge Rec Area Revenue	5,018	4,463	3,505	4,500	3,500
010-080-00805-62053	Mullins Ford Rec Area Revenue	603	273	445	500	500
010-080-00805-62054	Choestoea Landing Revenue	1,569	1,062	1,721	1,600	1,600
010-080-00805-62055	Port Bass Landing Revenue	39	10	-	-	-
010-080-00805-62056	Seneca Creek Landing Revenue	2,826	3,220	2,543	3,000	2,500
010-080-00805-62057	South Union Landing Revenue	859	901	487	1,000	500
<b>High Falls Park Total</b>		<b>175,990</b>	<b>146,313</b>	<b>233,475</b>	<b>166,100</b>	<b>237,100</b>
010-080-00805-11000	Library Fines and Fees	29,214	18,776	11,610	20,000	15,000
<b>Library Total</b>		<b>29,214</b>	<b>18,776</b>	<b>11,610</b>	<b>20,000</b>	<b>15,000</b>
010-080-00805-16001	Magistrate Fines	226,586	227,101	239,193	220,000	220,000
010-080-00805-16002	Magistrate Court Fees	1,019	1,420	1,371	1,000	-
010-080-00805-16003	Magistrate Civil Paper Fees	100,585	92,008	85,401	85,000	85,000
010-080-00805-16004	25% Boating Fines Retained	647	689	1,049	1,100	1,100
010-080-00805-16016	Litter Fines (90% GF)	896	2,630	1,004	1,500	1,500
010-080-00805-16030	Magistrate Collection Cost	2,439	2,451	2,631	2,500	2,500
<b>Magistrate Total</b>		<b>332,172</b>	<b>326,299</b>	<b>330,649</b>	<b>311,100</b>	<b>310,100</b>
010-080-00805-13724	Land Use Appeals - Planning	900	800	2,850	2,500	2,500
010-080-00805-13753	Zoning Permit Fees	21,069	21,775	25,035	20,000	25,000
<b>Planning Total</b>		<b>21,969</b>	<b>22,575</b>	<b>27,885</b>	<b>22,500</b>	<b>27,500</b>
010-080-00805-12301	Probate Judge Estates	141,643	143,921	179,141	135,000	150,000
010-080-00805-12302	Probate Judge Advertising	19,630	68,063	151,792	100,000	150,000
010-080-00805-12304	Probate Judge Marriage Licenses	7,652	7,318	10,813	8,500	10,000
010-080-00805-12305	Probate Judge Returns	300	310	350	100	100
010-080-00805-12306	Miscellaneous - Probate Judge	20,553	17,822	15,420	17,000	15,000
010-080-00805-12307	Probate Judge Marriage Certificates	5,385	5,700	5,283	5,500	5,500
010-080-00805-12308	Probate Judge Marriage Ceremony	5,717	5,060	3,550	4,000	3,500
010-081-00810-22300	Probate Judge Supplement	1,575	1,575	1,575	1,576	1,576
<b>Probate Judge Total</b>		<b>202,455</b>	<b>249,769</b>	<b>367,924</b>	<b>271,676</b>	<b>335,676</b>
010-080-00805-14100	Register of Deeds	820,785	1,003,351	1,437,784	1,400,000	1,500,000
010-081-00810-21400	Register of Deeds Supplement	1,575	1,575	1,575	1,576	1,576
<b>Register of Deeds Total</b>		<b>822,360</b>	<b>1,004,926</b>	<b>1,439,359</b>	<b>1,401,576</b>	<b>1,501,576</b>
010-080-00805-10600	Road Inspection Fee	648	-	-	-	-
010-080-00805-10601	Encroachment Fees - Roads and Bridges	12,896	18,445	31,959	20,000	30,000
010-080-00805-60003	Storm Water Assistance Fund	4,701	10,743	5,715	5,000	6,000
010-080-00805-60105	Sign Fees - Roads and Bridges	4,083	2,672	5,044	8,500	5,000
<b>Road Department Total</b>		<b>22,328</b>	<b>31,860</b>	<b>42,718</b>	<b>33,500</b>	<b>41,000</b>
010-080-00805-00900	Sheriff-Voluntary Extra Duty Pay	125,106	115,588	80,122	100,000	80,000
010-080-00805-10400	Sheriff Civil Fees	5,560	7,900	7,495	5,000	6,000
010-080-00805-10401	Miscellaneous - Sheriff	40,262	44,453	43,263	40,000	43,000
010-080-00805-16024	Litter Fine In Lieu of Pickup	-	840	720	-	-
010-081-00810-20400	Sheriff Supplement	1,575	1,575	1,575	1,576	1,576
010-081-00810-60460	Resource Officer Reimbursement	541,374	609,098	662,901	595,926	600,354
010-082-00830-25600	Sheriff Title IVD Service of Process	7,854	5,379	4,472	9,500	9,500
<b>Sheriff's Total</b>		<b>721,731</b>	<b>784,833</b>	<b>800,548</b>	<b>752,002</b>	<b>740,430</b>
010-080-00805-20800	Soil and Water	6,139	-	6,139	6,139	6,139
<b>Soil and Water Total</b>		<b>6,139</b>	<b>-</b>	<b>6,139</b>	<b>6,139</b>	<b>6,139</b>
010-080-00805-10504	Worthless Checks	2,385	3,444	3,116	6,000	3,000
010-080-00805-16006	Solicitor's Traffic Education	140	-	38	-	-
<b>Solicitor Total</b>		<b>2,525</b>	<b>3,444</b>	<b>3,154</b>	<b>6,000</b>	<b>3,000</b>

**Oconee County, South Carolina  
Program Revenue  
2022-2023 Budget**

	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010-080-00805-14904	Solid Waste Impact Fee for Tires	5,932	5,712	13,120	6,000	13,000
010-080-49807-14900	Solid Waste Tipping Fees	1,382,905	1,825,524	2,192,086	1,950,000	2,100,000
010-080-49807-14902	Solid Waste - Recyclables	171,667	213,058	211,554	200,000	250,000
010-080-49807-14910	Solid Waste - Mulch Sales	28,091	8,874	-	10,000	-
010-081-00810-14904	Impact Fee For Tires	48,033	47,529	43,627	35,000	40,000
<b>Solid Waste Total</b>		<b>1,636,628</b>	<b>2,100,697</b>	<b>2,460,387</b>	<b>2,201,000</b>	<b>2,403,000</b>
010-080-00805-00204	South Cove Park	344,267	305,344	458,375	350,000	460,000
<b>South Cove Park Total</b>		<b>344,267</b>	<b>305,344</b>	<b>458,375</b>	<b>350,000</b>	<b>460,000</b>
010-080-00805-00306	PRT Season Pass/Treasurer	1,055	875	850	1,200	500
010-080-00805-10310	Vehicle Decal Fees	66,846	69,118	72,790	65,000	72,000
<b>Treasurer Total</b>		<b>66,846</b>	<b>69,118</b>	<b>72,790</b>	<b>65,000</b>	<b>72,500</b>
010-080-00805-12032	Vehicle Maintenance Labor Reimbursement	933	847	1,110	1,650	-
<b>Vehicle Maintenance Total</b>		<b>933</b>	<b>847</b>	<b>1,110</b>	<b>1,650</b>	<b>-</b>
010-081-00810-25900	Veterans' Affairs State Aid	5,371	5,478	5,478	5,478	5,478
<b>Veterans' Affairs Total</b>		<b>5,371</b>	<b>5,478</b>	<b>5,478</b>	<b>5,478</b>	<b>5,478</b>
010-081-00810-21300	Registration Board	6,542	6,501	6,750	6,944	6,750
010-081-00825-97715	SC State Election Reimb Revenue	32,512	5,854	82,194	20,000	20,000
<b>Voters Registration Total</b>		<b>39,054</b>	<b>12,355</b>	<b>88,944</b>	<b>26,944</b>	<b>26,750</b>
<b>Grand Total of Program Revenue</b>		<b>7,592,359</b>	<b>8,283,155</b>	<b>10,308,652</b>	<b>9,519,533</b>	<b>10,412,629</b>



**Oconee County, South Carolina**  
**All Other Revenue**  
**2022-2023 Budget**

	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010-080-00805-00190	SC Cares COVID	-	-	262,524	-	-
010-080-00805-10290	Gain/Loss on Sales of Forfeited Land	(9,411)	(36,005)	(12,864)	-	-
010-080-00805-10311	Noise Ord Permit Fee	150	50	-	-	-
010-080-00805-10312	Franchise Fee Cable TV	222,052	255,449	253,187	250,000	252,000
010-080-00805-10320	Rent - USDA Building	7,800	7,800	7,800	7,800	7,800
010-080-00805-10321	Rent - Bantam Chef	3,000	2,750	3,000	3,000	3,000
010-080-00805-10340	Miscellaneous Income	44,926	66,712	97,400	90,000	95,000
010-080-00805-10343	Brady Lease Revenue	-	-	6,000	-	-
010-080-00805-10385	Land Sales - Forfeited Land Commission (FLC)	15,595	50,267	35,576	10,000	25,000
010-080-00805-10386	Auditor FLC Processing Fees	680	1,560	2,840	250	1,275
010-080-00805-10387	Auditor FLC Delinquent Tax Fee	8,220	19,270	32,020	3,000	15,000
010-080-00805-15406	Credit Application Fees	2,207	840	348	-	-
010-081-00810-15000	1/2 Pollution Control Fine	-	5,398	-	500	-
010-081-00810-20005	State Aid to Subdivisions	2,859,287	2,986,064	3,040,980	3,013,261	3,013,260
010-081-00810-20060	Flood Control	55,506	-	65,824	40,000	50,000
010-081-00810-20065	TNC Act Local Assessment Fees	1,960	2,855	1,449	-	-
010-081-00810-22950	SCABL On Premise License	23,950	19,900	24,850	20,000	25,000
010-081-00825-00161	SC Disaster Reimb - Hurricane	81,961	-	-	-	-
010-081-00825-90715	SCDOC C-14-2286 US Engine Grant	60,000	-	-	-	-
010-082-00825-00161	Fema Disaster Hurricane	267,905	-	-	-	-
010-082-00825-00191	FEMA 2020 Tornado	-	-	33,999	-	-
010-082-00825-00192	FEMA 2020 Flooding	-	-	260,103	-	-
010-082-00830-40030	Federal Owned Land PILT	114,835	142,639	155,602	140,000	140,000
Several	Interest - Administrative Investment Accounts	982,420	903,344	75,750	475,000	200,000
Several	Restitution	2,097	-	-	-	-
<b>Total Other Revenue</b>		<b>4,745,140</b>	<b>4,428,893</b>	<b>4,346,388</b>	<b>4,052,811</b>	<b>3,827,335</b>

<b>Other Financing Sources and Uses</b>						
010-090-00170-70230	Transfer From State Accommodations Tax (Fund 230)	72,522	40,035	46,441	34,000	45,000
010-090-00170-70235	Transfer From Local Accommodations Tax (Mountain Lakes CVB LAT Salaries) (Fund 235)	213,488	-	-	186,000	300,708
010-080-00805-10305	Sale of Capital Assets	67,030	-	-	-	-
010-080-00805-10300	Non-Capital Sales	-	11,769	-	-	-
010-080-00170-07190	Insurance Recovery & Health Plan	231,670	27,353	9,190	25,000	25,000
010-090-00180-07191	OFS Insurance Proceeds Prepaid Le	745	23,306	-	15,000	1,500
	Upcountry Fiber Proceeds from Capital Lease	-	2,200,000	-	-	250,000
010-081-00810-74700	Circuit Solicitors Extra State Funding (FY2022 - 2 Employees)	-	-	-	200,223	149,620
010-090-00170-70017	Transfer From Rock Quarry	500,000	750,000	750,000	1,000,000	1,000,000
<b>Total Other Financing Sources and Uses</b>		<b>1,085,455</b>	<b>3,052,463</b>	<b>805,631</b>	<b>1,460,223</b>	<b>1,771,828</b>
<b>Total All other Revenues</b>		<b>5,830,595</b>	<b>7,481,356</b>	<b>5,152,019</b>	<b>5,513,034</b>	<b>5,599,163</b>

One Time Capital Request Per Department  
FY 2022-2023

Account Number			Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended	Description
<b>Administrator</b>									
10	717	50860	00180	Capital Land - Utica Revit	-	2,897	-	-	
10	717	50870	00000	Vehicle, Capital Expend	6,000	-	-	-	
<b>Total Administrator</b>				<b>6,000</b>	<b>2,897</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>Airport</b>									
10	720	50840	00000	Capital Equipment	36,783	-	-	-	
10	720	50850	00053	Capital Paving	-	-	-	200,000	Parking Lot
<b>Total Airport</b>				<b>36,783</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>200,000</b>	
<b>Assessor</b>									
10	301	50845	00000	IT Replacement Equipment/Software	-	1,348	1,343	-	
<b>Total Assessor</b>				<b>-</b>	<b>1,348</b>	<b>1,343</b>	<b>-</b>	<b>-</b>	
<b>Building Codes</b>									
10	702	50870	00000	Vehicle Capital Expenditure	29,889	-	-	-	
<b>Total Building Codes</b>				<b>29,889</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>Chau Ram</b>									
10	205	50850	00000	Buildings, Capital Expenditures	-	-	6,700	-	
10	205	50860	00000	Capital Expenditure Land	-	230,190	-	-	
<b>Total Chau Ram</b>				<b>-</b>	<b>230,190</b>	<b>6,700</b>	<b>-</b>	<b>-</b>	
<b>Clerk of Court</b>									
10	501	50840	00000	Equipment Capital Expenditures	-	6,346	-	-	
<b>Total Clerk of Court</b>				<b>-</b>	<b>6,346</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>Communications</b>									
10	104	50840	00000	Equipment, Capital Expenditures	13,758	18,719	-	35,000	AVL Automatic Vehicle Location for all Sheriffs fleet
<b>Total Communications</b>				<b>13,758</b>	<b>18,719</b>	<b>-</b>	<b>-</b>	<b>35,000</b>	
<b>Coroner</b>									
10	103	50840	00000	Capital Equipment	-	-	-	45,000	X-Ray Machines
<b>Total Coroner</b>				<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>45,000</b>	
<b>Detention Center</b>									
10	106	50840	00000	Equipment, Capital Expenditures	37,655	-	96	145,000	Upgrade Security Camera System
10	106	50870	00000	Capital Vehicles	33,687	-	-	-	
<b>Total Detention Center</b>				<b>71,342</b>	<b>-</b>	<b>96</b>	<b>-</b>	<b>145,000</b>	
<b>Facilities Maintenance</b>									
10	714	50840	00000	Equipment, Capital Expenditures	-	-	19,235	-	
10	714	50850	00000	Buildings, Capital Expenditure	-	-	-	-	
<b>Total Facilities Maintenance</b>				<b>-</b>	<b>-</b>	<b>19,235</b>	<b>-</b>	<b>-</b>	
<b>Fire/Emergency Services</b>									
10	107	50840	00000	Capital Equipment	35,484	20,924	-	-	
10	107	50840	00000	Capital Equipment - Hurricane	-	35,484	-	-	
10	107	50850	00601	Capital OCES Oakway Restoration	-	-	-	250,000	
10	107	50870	00000	Capital Vehicle	141,275	165,725	10,854	120,000	3 Rescue Trucks
10	107	50871	02019	Fire Truck	352,600	-	88,514	1,125,000	2 Fire Trucks
10	107	50871	02019	Cap Fire Trucks 2019	-	-	2,035,497	-	
<b>Total Fire/Emergency Services</b>				<b>529,359</b>	<b>222,133</b>	<b>2,134,865</b>	<b>1,375,000</b>	<b>900,000</b>	
<b>High Falls</b>									
10	203	50840	00000	Capital Expenditures Equipment	3,909	-	3,093	-	
10	203	50850	00000	Building, Capital Expenditures	2,548	291,203	-	-	
10	203	50870	00000	Vehicles, Capital Expenditures	-	25,727	-	-	
<b>Total High Falls</b>				<b>6,457</b>	<b>316,930</b>	<b>3,093</b>	<b>-</b>	<b>-</b>	
<b>Information Technology</b>									
10	711	50840	00000	Equipment Capital Capital IT	15,897	54,274	45,728	-	
10	711	50845	00175	Equipment/Software-Cybersecurity	-	-	-	75,000	45,000
<b>Total Information Technology</b>				<b>15,897</b>	<b>54,274</b>	<b>45,728</b>	<b>75,000</b>	<b>45,000</b>	
<b>Magistrate</b>									
10	509	50850	00034	Capital Building - Westminster	-	2,918	57,914	-	
10	509	50860	00000	Capital Land - Westminster	-	129,490	-	-	
<b>Total Magistrate</b>				<b>-</b>	<b>132,408</b>	<b>57,914</b>	<b>-</b>	<b>-</b>	

One Time Capital Request Per Department  
FY 2022-2023

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended	Description
<b>PRT Admin</b>										
10	202	50840	00000	Equipment, Capital Expenditures	-	5,380	-	-	-	
<b>Total PRT Admin</b>					<b>-</b>	<b>5,380</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Register of Deeds</b>										
10	735	50840	00000	Equipment Capital Expenditure	5,631	12,404	-	-	-	
<b>Total Register of Deeds</b>					<b>5,631</b>	<b>12,404</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>Road Department</b>										
10	601	50840	00000	Equipment, Capital Expenditures	288,035	-	-	-	-	
10	601	50870	00000	Vehicle Capital Expenditures	19,058	-	-	-	-	
<b>Total Road Department</b>					<b>307,093</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>South Cove</b>										
10	204	50870	00000	Vehicles/Equipment, Capital Expenditures	28,274	-	-	-	-	
<b>Total South Cove</b>					<b>28,274</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>Sheriff</b>										
10	101	50840	00000	Equipment, Capital Expenditures	16,933	5,663	-	-	-	
10	101	50845	00000	Capital IT Equip/Software	40,780	-	-	-	-	
10	101	50870	00000	Vehicles, Capital Expenditures	463,225	-	-	-	-	
<b>Total Sheriff</b>					<b>520,938</b>	<b>5,663</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>Solid Waste</b>										
10	718	50840	00000	Equipment, Capital Expenditures	374	-	71,946	400,000	250,000	9 Containers, 6 Compactors, Baler Conveyor
10	718	50840	00000	Equipment, Capital Expenditures	-	-	-	-	100,000	2 Containers and 1 compactors and Electrical
10	718	50850	00000	Building Capital Expenditure	-	-	115,000	330,000	200,000	8 Center concrete extension pads, 2 pads at Solid Waste for public metal buildings to house materials from public to satisfy compliance with SC DHEC
<b>Total Soldi Waste</b>					<b>374</b>	<b>-</b>	<b>186,946</b>	<b>730,000</b>	<b>550,000</b>	
<b>Vehicle Maintenance</b>										
10	721	50840	00000	Equipment Capital	-	6,477	-	-	-	
<b>Total Vehicle Maintenance</b>					<b>-</b>	<b>6,477</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>Total by Years</b>					<b>1,571,795</b>	<b>1,015,169</b>	<b>2,455,920</b>	<b>2,180,000</b>	<b>1,920,000</b>	<b>(260,000)</b>

**Oconee County, South Carolina  
Department New Position Requests  
2022-2023 Budget**

Slot #	Job Title	Grade	Salary	Total Fringe	Total Fringe and Salary
<b>Building Codes</b>					
3722-New	Code Enforcement	115	35,313	19,776	55,089
<b>Chau Ram</b>					
1820-New	Park Ranger	112	29,317	18,080	47,397
<b>Clerk of Court</b>					
1915-New	Court Clerk II	112	29,317	17,282	46,599
<b>Communication</b>					
3137-New	Emergency Dispatcher I	111	32,136	18,003	50,139
<b>Fire/Emergency Services</b>					
362-New	Firefighter I	113	31,193	21,798	52,991
363-New	Firefighter I	113	31,193	21,798	52,991
364-New	Firefighter I	113	31,193	21,798	52,991
<b>Procurement</b>					
5604-New	Buyer	114	33,190	18,272	51,462
<b>Sheriff</b>					
537 - New	Deputy I - New	112	35,885	21,182	57,067
538 - New	Deputy I - New	112	35,885	21,182	57,067
539 - New	Deputy I - New	112	35,885	21,182	57,067
existing	Corporal to Sergeant - SRO	117	2,200	699	2,899
existing	Corporal to Sergeant - P.A.C.E.	117	2,200	699	2,899
501	PT Community Outreach Coordinator to Full Time	112	-	-	-
533	PT Investigator to Full Time	118	13,920	14,209	28,129
<b>Total of all requested New or Upgraded Positions</b>			<b>378,827</b>	<b>235,961</b>	<b>614,788</b>

\*

<b>PRT Administration</b>					
1821-New	Arts & Historical Specialists	112	35,000	18,735	53,735
1822-New	Content Marketing Specialists	113	35,000	18,735	53,735
<b>Funding to come from the Local Accommodations Tax Fund (235)</b>					<b>107,470</b>

\* Add PT Community Outreach to Full Time - funding to come from the \$250,000 for Sheriff salary Adjustments

## Employee Count By Department

General Fund (010)	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Administrator (717)	2	3	3	3	3
Airport (720)	6	7	7	7	7
Animal Control (110)	6	6	6	6	6
Assessor (301)	16	16	16	16	16
Auditor (302)	6	7	8	8	8
Board of Assessment Appeals (303)	-	-	-	-	-
Building Codes (702)	10	7	7	7	8
Chau Ram Park (205)	4	4	4	4	5
Clerk of Court (501)	10	10	10	10	11
Communications (104)	21	21	22	24	25
Coroner (103)	2	2	2	3	3
County Attorney (741)	2	2	2	2	2
County Council (704)	1	1	1	1	1
Delinquent Tax Collector (305)	3	3	3	3	3
Department of Social Services (402)	-	-	-	-	-
Detention Center (106)	47	47	48	50	50
Economic Development (707)	4	5	5	4	4
Facilities Maintenance (714)	14	15	15	15	15
Finance Office (708)	6	6	6	6	5
Fire - Emergency Services (107)	27	36	36	39	42
Health and Human Services Direct Aid (705)	-	-	-	-	-
Health Department (403)	-	-	-	-	-
High Falls Park (203)	4	5	5	5	5
Human Resources (710)	3	3	3	3	4
Information Technology (711)	6	5	5	6	6
Legislative Delegation (706)	1	1	1	1	1
Library (206)	19	19	19	19	19
Magistrate (509)	9	9	9	9	9
Non-Departmental (709)	-	-	-	-	-
Parks, Recreation and Tourism (202)	5	5	5	5	7
Planning	0	4	4	4	4
Probate Court (502)	5	5	5	5	5
Procurement (713)	2	2	2	2	3
Public Defender (510)	-	-	-	-	-
Register of Deeds (735)	4	4	4	4	4
Roads and Bridges (601)	36	36	36	37	37
Sheriff (101)	109	112	112	114	119
Soil and Water Conservation District (716)	1	1	1	1	1
Solicitor (504)	12	12	12	12	12
Solid Waste (718)	35	35	36	36	36
South Cove Park (204)	5	5	5	6	6
Treasurer (306)	6	6	6	7	7
Vehicle Maintenance (721)	14	14	14	14	14
Veterans' Affairs (404)	3	3	3	3	3
Voter Registration and Elections (715)	2	2	2	2	2
Life After Lockup - Airport	0	1	1	1	1
Life After Lockup - Animal Control	1	1	1	1	1
Life After Lockup - Detention Center	-	1	1	1	1
<b>Total General Fund Employee Count</b>	<b>469</b>	<b>489</b>	<b>493</b>	<b>506</b>	<b>521</b>

## Employee Count By Department

Other Funds	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Sheriff - Child Elder - Grant Fund 013	1	-	-	-	-
Sheriff - JAG Officer - Grant Fund 013	1	-	-	-	-
Sheriff - Traffic Grant Fund 13	-	1	1	1	1
Sheriff - Victims Services Fund 210	2	2	2	2	2
Solicitor - Victims Services Fund 215	1	1	1	1	1
Clerk of Court - Federal DSS Child Support Fund 265	2	2	2	2	2
Road Maintenance Fund	-	-	-	-	-
FOCUS Fund	-	-	-	-	-
Rock Quarry Fund 017	19	18	19	20	20
Life After Lockup - Rock Quarry	-	1	1	1	1
<b>Total Other Funds Employee Count</b>	<b>26</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>27</b>
<b>Total Full Time Employees (All Funds)</b>	<b>495</b>	<b>514</b>	<b>519</b>	<b>533</b>	<b>548</b>
<b>Part Time Positions Through Payroll</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
Sheriff (101)	9	9	9	9	9
Communications (104)	1	1	1	1	1
Fire/Emergency Services (107)	5	7	7	7	7
Library (206)	3	2	2	2	2
Auditor (302)	1	-	-	-	-
Board of Assessment Appeals (303)	1	1	1	1	1
Clerk of Court (501)	-	1	1	1	1
Finance (708)	0	0	1	1	1
Magistrate (509)	2	2	2	2	2
Solid Waste (718)	1	-	-	-	-
Airport (720)	-	-	-	-	1
	<b>23</b>	<b>23</b>	<b>24</b>	<b>24</b>	<b>25</b>

# Employee Count By Department

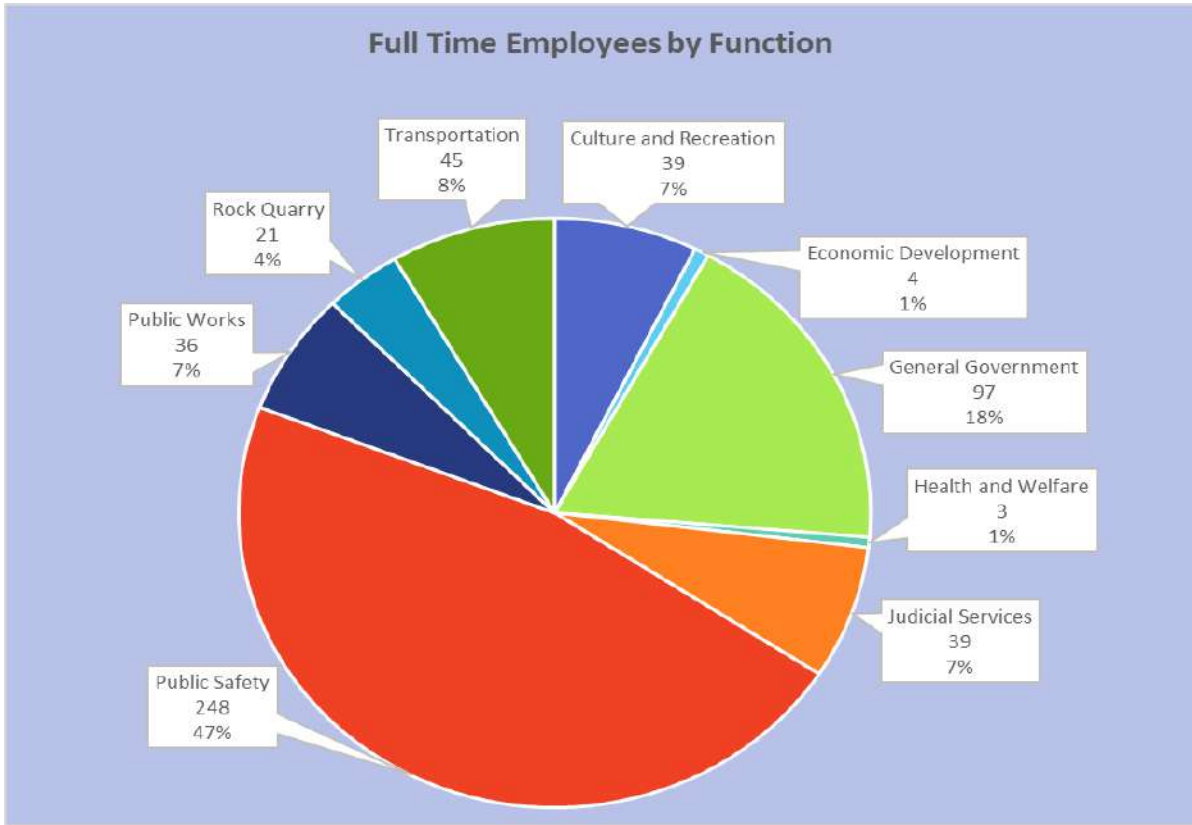


Chart Legend	
Culture and Recreation	39
Economic Development	4
General Government	97
Health and Welfare	3
Judicial Services	39
Public Safety	248
Public Works	36
Rock Quarry	21
Transportation	45
<b>Total Full Time Employees By Function</b>	<b>532</b>

**Oconee County, South Carolina  
Administrator (717)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010	717	10110	00000	Salary and Wages	100,211	208,415	216,403	224,969	232,128
010	717	10710	00000	Overtime	768	48	-	1,000	-
010	717	20013	00000	Social Security	7,253	15,681	16,218	17,086	17,834
010	717	20014	00000	Retirement	14,128	29,757	36,851	36,987	40,937
010	717	20015	00000	Workers Compensation	1,775	4,273	4,770	3,819	4,677
010	717	20016	00000	Health Insurance	16,495	32,191	18,278	27,417	27,417
010	717	20027	00000	Dental Insurance	667	191	1,100	1,650	1,650
010	717	20028	00000	Vision Insurance	109	15	200	300	300
<b>Salary and Wage Totals</b>					<b>141,405</b>	<b>290,571</b>	<b>293,820</b>	<b>313,228</b>	<b>324,943</b>
<b>Departmental Salary and Fringe are updated</b>					New Positions 13 / Conversions	-	-	-	-
					2 PRT New Positions with Revenue Wash	-	-	-	-
					Cost of Living Increase 6% (Salary & Fringe)	-	-	-	-
					Sheriff Salary Adjustments	-	-	-	-
<b>Moved to PRT</b>					Increase Recreational Funding	-	-	-	-
					Gasoline/Diesel Contingency	-	-	-	64,788
010	717	60767	00000	Contingency-Tenure	-	-	-	273,869	235,431
					<b>-</b>	<b>-</b>	<b>-</b>	<b>273,869</b>	<b>300,219</b>
010	717	30018	00000	Travel	81	-	-	-	-
010	717	30025	00000	Professional	43,669	102,387	37,862	183,111	100,000
010	717	30025	00036	Greenway Feasibility Study	-	-	-	75,000	-
010	717	30059	00000	Copier Click Charges	1,696	1,262	883	2,500	2,500
010	717	30068	00000	Advertising	128,629	-	-	-	-
010	717	30080	00000	Dues: Organizations	7,285	3,100	2,500	7,000	6,000
010	717	30084	00000	Staff Development	1,366	6,748	80	2,500	2,500
010	717	40031	00000	Small Equipment	2,109	1,956	-	3,000	3,000
010	717	40032	00000	Operational	1,719	4,507	27,555	6,000	5,000
010	717	40034	00000	Food	8,121	2,333	3,160	5,000	3,500
010	717	40045	00000	IT Replacement Eq/Software	-	4,270	429	-	-
010	717	40102	00000	Periodicals	-	-	150	110	110
010	717	60735	00072	Gravel Usage	2,108	2,111	-	-	-
010	717	80717	00000	Vehicle Maintenance - Administrator	752	1,381	667	1,000	1,000
010	717	81717	00000	Gasoline - Administrator	505	1,072	1,036	1,500	2,000
<b>Expenditure Total</b>					<b>198,040</b>	<b>131,127</b>	<b>74,322</b>	<b>286,721</b>	<b>125,610</b>
<b>Department Total</b>					<b>339,445</b>	<b>421,698</b>	<b>368,142</b>	<b>599,949</b>	<b>450,553</b>
<b>Direct Revenue</b>									
					-	-	-	-	-
<b>Departmental Direct Revenue</b>					-	-	-	-	-
<b>Other Revenue</b>					41,247	64,469	34,613	57,688	41,620
<b>Cost in Tax Dollars</b>					298,198	357,229	333,529	542,261	408,933
<b>Estimated Millage</b>					0.55	0.65	0.59	0.97	0.72
<b>Percentage of Budget</b>					0.71%	0.86%	0.67%	1.05%	0.74%
<b>Total Full Time Employees</b>					2	3	3	3	3



**Oconee County, South Carolina  
Airport (720)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010	720	10110	00000	Salary and Wages	228,487	280,867	333,967	372,681	396,275
010	720	10710	00000	Overtime	9,929	11,111	15,183	10,000	10,000
010	720	20013	00000	Social Security	17,494	21,333	26,041	21,429	31,463
010	720	20014	00000	Retirement	34,065	42,497	52,384	66,387	71,520
010	720	20015	00000	Workers Compensation	6,857	9,742	13,309	10,687	13,750
010	720	20016	00000	Health Insurance	43,244	53,645	54,834	63,973	82,251
010	720	20027	00000	Dental Insurance	2,222	823	3,300	3,850	4,950
010	720	20028	00000	Vision Insurance	362	19	600	700	900
<b>Salary and Wage Totals</b>					<b>342,660</b>	<b>420,037</b>	<b>499,618</b>	<b>549,707</b>	<b>611,109</b>
010	720	30024	00000	Equipment Maintenance	2,578	4,764	5,082	6,000	6,000
010	720	30025	00000	Professional	102,762	80,403	64,074	80,000	77,000
010	720	30037	00000	Equipment Rental	4,666	7,730	17,470	24,000	25,000
010	720	30041	00000	Telecommunications	480	-	-	-	-
010	720	30041	00000	Airport Shuttle Service - Sr. Solutions	760	1,485	-	-	-
010	720	30056	00000	Data Processing	-	-	-	-	3,500
010	720	30059	00000	Copier Click Charges	437	541	555	600	750
010	720	30080	00000	Dues: Organizations	250	285	250	450	450
010	720	30084	00000	School/Seminar/Training/MTG	969	688	100	2,200	1,500
010	720	30090	00000	Commission Honoraria	700	700	600	700	700
010	720	33022	00000	Building/Grounds Maintenance	47,413	23,021	37,903	25,000	25,000
010	720	33022	97122	Maint Bldgs/Grounds SCAC Grant Match	-	-	6,300	-	-
010	720	34043	00000	Electricity	19,377	22,702	21,727	23,000	23,000
010	720	34044	00000	Water/Sewer/Garbage	1,006	1,517	1,689	1,000	1,000
010	720	40027	00000	Safety Equipment	538	1,647	1,121	2,000	2,000
010	720	40031	00000	Small Equipment	4,892	5,840	3,401	4,500	4,500
010	720	40032	00000	Operational	5,107	7,224	6,938	7,500	8,000
010	720	40033	00000	Postage	148	202	90	250	250
010	720	40034	00000	Food	862	965	788	1,200	1,000
010	720	40045	00000	IT Replacement Eq/Software	730	-	-	-	-
010	720	40065	00000	Uniforms/Clothing	1,122	869	1,315	2,000	2,000
010	720	40932	00000	Airport Resale Items	1,370	1,260	1,561	1,500	2,000
010	720	40980	00000	Aviation Gas	178,813	160,950	179,257	200,000	180,000
010	720	40990	00000	Jet Fuel	484,244	399,063	442,361	975,000	975,000
010	720	60990	00000	Credit Cards Processing Fees	26,655	26,072	30,584	24,000	30,000
010	720	80720	00000	Vehicle Maintenance	11,331	12,290	12,474	10,000	10,000
010	720	81720	00000	Gasoline	2,720	1,470	2,664	3,500	3,000
010	720	82720	00000	Diesel	1,199	1,862	2,551	1,600	2,000
<b>Expenditure Total</b>					<b>901,129</b>	<b>763,550</b>	<b>840,855</b>	<b>1,396,000</b>	<b>1,383,650</b>
<b>Department Total</b>					<b>1,243,789</b>	<b>1,183,587</b>	<b>1,340,473</b>	<b>1,945,707</b>	<b>1,994,759</b>

**Airport (720)**  
**2022-2023 Budget**

Account Number	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
<b>Direct Revenue</b>						
010 080 00805 10900	Airport - Hangar Rent	130,259	129,843	126,368	130,620	148,802
010 080 00805 10904	Airport Comm./Mechanic	6,300	5,775	6,300	6,300	6,300
010 080 00805 10905	Tie Down	3,605	3,750	3,535	4,920	3,500
010 080 00805 10906	Airport Miscellaneous	3,728	1,515	1,132	750	1,000
010 080 00805 10911	Bare Land Lease	2,626	2,626	2,626	2,626	2,626
010 080 00805 10912	Airport - Call Out Fees	8,980	13,805	20,000	10,000	20,000
010 080 00805 10913	Airport - Long-Term Parking Fees	970	1,730	3,690	3,500	3,500
010 080 00805 10914	Airport - Ramp Fee	19,673	20,903	27,953	25,000	25,000
010 080 00805 10915	Airport Special Events	2,825	5,017	750	11,000	-
010 080 00805 10916	Airport Shuttle - SR Solutions	3,490	5,095	-	3,500	-
010 080 00805 10980	Airport - Aviation Fuel	230,739	216,896	237,676	225,000	225,000
010 080 00805 10990	Airport - Jet Fuel	901,049	834,080	1,061,741	1,275,000	1,275,000
<b>Departmental Direct Revenue</b>		1,314,244	1,241,035	1,491,771	1,698,216	1,710,728
<b>Other Revenue</b>		-	-	-	-	-
<b>Cost in Tax Dollars</b>		(70,455)	(57,448)	(151,298)	247,491	284,031
<b>Estimated Millage</b>		-0.13	-0.11	-0.27	0.44	0.50
<b>Percentage of Budget</b>		2.59%	2.42%	2.45%	3.39%	3.29%
<b>Life After Lock-Up</b>		-	1	1	1	1
<b>Full Time Employees</b>		6	7	7	7	7

**Oconee County, South Carolina  
Animal Control (110)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010	110	10110	00000	Salary and Wages	226,743	244,677	238,269	254,096	269,067
010	110	10710	00000	Overtime	22,047	25,325	21,827	17,500	20,000
010	110	20013	00000	Social Security	18,395	20,062	19,519	20,211	22,879
010	110	20014	00000	Retirement	39,426	42,804	43,972	46,616	56,372
010	110	20015	00000	Workers Compensation	7,698	7,658	8,893	7,295	9,600
010	110	20016	00000	Health Insurance	62,799	71,081	63,973	63,973	63,973
010	110	20027	00000	Dental	2,101	2,366	3,850	3,850	3,850
010	110	20028	00000	Vision	342	224	700	700	700
<b>Salary and Wage Totals</b>					<b>379,551</b>	<b>414,197</b>	<b>401,003</b>	<b>414,241</b>	<b>446,441</b>
010	110	30025	00000	Professional	-	3,150	-	-	-
010	110	30025	00067	Professional - Spay/Neuter Program	87,337	80,720	91,350	80,000	80,000
010	110	30059	00000	Copier Click Charges	1,986	1,948	1,460	1,500	1,500
010	110	30062	00000	Medical	76,668	76,647	82,497	72,000	70,000
010	110	30084	00000	Staff Development	1,001	714	726	3,500	6,500
010	110	30056	00000	Data Processing	-	-	-	567	1,500
010	110	33022	00000	Building/Grounds Maintenance	4,191	10,238	5,994	9,000	15,000
010	110	34042	00000	Gas and Fuel Oil	10,816	7,167	5,788	13,500	13,500
010	110	34043	00000	Electricity	10,146	9,204	7,996	13,000	13,000
010	110	34044	00000	Water/Sewer/Garbage	4,831	4,108	3,474	6,750	6,750
010	110	40031	00000	Small Equipment	191	472	5,554	2,500	5,000
010	110	40032	00000	Operational	15,425	13,229	8,674	19,000	25,000
010	110	40065	00000	Uniforms/Clothing	3,923	1,877	6,782	6,700	7,000
010	110	60735	00000	General Gravel Use	927	-	-	3,000	2,500
010	110	80110	00000	Vehicle Maintenance	6,219	5,241	11,375	5,250	5,250
010	110	81110	00000	Gasoline	13,110	11,431	11,101	15,000	15,000
<b>Expenditure Total</b>					<b>236,771</b>	<b>226,146</b>	<b>242,771</b>	<b>251,267</b>	<b>267,500</b>
<b>Department Total</b>					<b>616,322</b>	<b>640,343</b>	<b>643,774</b>	<b>665,508</b>	<b>713,941</b>
<b>Direct Revenue</b>									
010	080	00805	11100	Dog Adoption Fees	45,582	25,825	6,580	20,000	10,000
010	080	00805	11101	Cat Adoption Fees	21,050	18,670	28,345	20,000	20,000
010	080	00805	11103	Animal Boarding Fees	875	1,040	120	1,500	1,000
010	080	00805	11106	Animal Control Miscellaneous Revenue	18,556	16,316	19,115	10,000	15,000
<b>Departmental Direct Revenue</b>					<b>86,063</b>	<b>61,851</b>	<b>54,160</b>	<b>51,500</b>	<b>46,000</b>
<b>Other Revenue</b>					<b>74,892</b>	<b>97,895</b>	<b>60,528</b>	<b>63,992</b>	<b>65,951</b>
<b>Cost in Tax Dollars</b>					<b>455,367</b>	<b>480,597</b>	<b>529,086</b>	<b>550,016</b>	<b>601,990</b>
<b>Estimated Millage</b>					<b>0.85</b>	<b>0.88</b>	<b>0.94</b>	<b>0.98</b>	<b>1.06</b>
<b>Percentage of Budget</b>					<b>1.28%</b>	<b>1.31%</b>	<b>1.17%</b>	<b>1.16%</b>	<b>1.18%</b>
<b>Life After Lock-Up</b>					<b>-</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Full Time Employees</b>					<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>

**Oconee County, South Carolina  
Assessor (301)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010	301	10110	00000	Salary and Wages	572,780	577,779	567,753	626,160	632,211
010	301	10710	00000	Overtime	26	-	20	1,500	500
010	301	20013	00000	Social Security	40,681	40,704	40,633	46,621	48,479
010	301	20014	00000	Retirement	83,272	84,133	87,791	100,920	111,280
010	301	20015	00000	Workers Compensation	10,860	10,884	11,349	10,853	13,363
010	301	20016	00000	Health Insurance	143,627	149,418	146,225	146,224	146,224
010	301	20027	00000	Dental	7,352	3,205	8,800	8,800	8,800
010	301	20028	00000	Vision	1,197	154	1,600	1,600	1,600
<b>Salary and Wage Totals</b>					<b>859,795</b>	<b>866,277</b>	<b>864,171</b>	<b>942,678</b>	<b>962,457</b>
010	301	30024	00000	Equipment Maintenance	-	-	-	750	750
010	301	30056	00000	Data Processing	71,103	53,707	56,014	77,700	66,300
010	301	30059	00000	Copies	4,450	2,999	2,530	4,500	4,500
010	301	30080	00000	Dues: Organizations	240	250	270	350	350
010	301	30084	00000	Staff Development	4,282	5,265	6,897	8,500	8,750
010	301	40031	00000	Small Equipment	2,883	763	763	1,000	1,000
010	301	40032	00000	Operational	3,159	3,101	2,848	7,300	12,550
010	301	40033	00000	Postage	500	-	-	2,000	30,000
010	301	40045	00000	Capital IT equipment/Software	-	45,000	40,000	-	-
010	301	40065	00000	Uniforms/Clothing	656	1,097	-	1,200	1,200
010	301	40102	00000	Newspaper/Magazines	-	-	1,032	1,200	1,250
010	301	80301	00000	Vehicle Maintenance	3,670	1,677	1,061	3,000	2,500
010	301	81301	00000	Gasoline	4,040	2,344	1,754	6,000	5,000
<b>Expenditure Total</b>					<b>94,983</b>	<b>116,203</b>	<b>113,169</b>	<b>113,500</b>	<b>134,150</b>
<b>Department Total</b>					<b>954,778</b>	<b>982,480</b>	<b>977,340</b>	<b>1,056,178</b>	<b>1,096,607</b>
<b>Direct Revenue</b>									
<b>Map Copies Assessor</b>					2,228	1,041	484	2,000	500
<b>Departmental Total Direct Revenue</b>					<b>2,228</b>	<b>1,041</b>	<b>484</b>	<b>2,000</b>	<b>500</b>
<b>Other Revenue</b>					116,019	150,200	91,890	101,556	101,300
<b>Cost in Tax Dollars</b>					836,531	831,239	884,966	952,622	994,807
<b>Estimated Millage</b>					1.78	1.80	1.74	1.88	1.94
<b>Percentage of General Fund Budget</b>					1.99%	2.01%	1.78%	1.84%	1.81%
<b>Total Full Time Employees</b>					16	16	16	16	16

**Oconee County, South Carolina  
Auditor (302)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010	302	10110	00000	Salary and Wages	257,042	272,163	301,357	338,168	365,137
010	302	10710	00000	Overtime	-	352	-	-	-
010	302	20013	00000	Social Security	18,279	18,919	20,977	23,991	27,933
010	302	20014	00000	Retirement	37,197	39,743	46,366	44,647	58,040
010	302	20015	00000	Workers Compensation	824	1,136	1,307	2,178	2,943
010	302	20016	00000	Health Insurance	60,889	59,217	63,973	63,973	63,973
010	302	20027	00000	Dental	1,455	3,376	3,850	3,850	3,850
010	302	20028	00000	Vision	237	389	700	700	700
<b>Salary and Wage Totals</b>					<b>375,923</b>	<b>395,295</b>	<b>438,530</b>	<b>477,507</b>	<b>522,576</b>
010	302	30018	00000	Travel	352	474	210	1,000	1,000
010	302	30024	00000	Equipment Maintenance	-	-	-	500	500
010	302	30025	00000	Professional	-	644	1,403	-	-
010	302	30056	00000	Data Processing	51,863	76,591	50,973	102,556	102,000
010	302	30059	00000	Copier Click Charges	961	1,318	675	2,000	2,000
010	302	30080	00000	Dues: Organizations	100	150	150	150	400
010	302	30084	00000	Staff Development	2,666	2,118	-	5,000	5,000
010	302	40031	00000	Non-Cap Equipment	-	1,937	1,706	-	-
010	302	40032	00000	Operational	20,662	21,755	23,499	30,000	30,000
010	302	40045	00000	IT Replacement Equipment/Software	-	2,120	1,145	2,500	2,500
010	302	40034	00000	Food	500	-	-	-	-
010	302	40065	00000	Uniforms/Clothing	582	355	699	1,000	1,000
010	302	60211	00000	Forfeited Land Commission (FLC) Expenditures	297	935	1,751	500	500
010	302	60302	00000	Temporary Tags	315	-	-	-	-
<b>Expenditure Total</b>					<b>78,298</b>	<b>108,397</b>	<b>82,211</b>	<b>145,206</b>	<b>144,900</b>
<b>Department Total</b>					<b>454,221</b>	<b>503,692</b>	<b>520,741</b>	<b>622,713</b>	<b>667,476</b>
<b>Direct Revenue</b>									
010	80	805	10302	Temporary Tag Collection	2,280	-	-	-	-
<b>Departmental Total Direct Revenue</b>					<b>2,280</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Revenue</b>					<b>55,194</b>	<b>77,004</b>	<b>48,960</b>	<b>59,877</b>	<b>61,659</b>
<b>Cost in Tax Dollars</b>					<b>396,747</b>	<b>426,688</b>	<b>471,781</b>	<b>562,836</b>	<b>605,817</b>
<b>Estimated Millage</b>					<b>0.84</b>	<b>0.92</b>	<b>0.93</b>	<b>1.11</b>	<b>1.18</b>
<b>Percentage of General Fund Budget</b>					<b>0.95%</b>	<b>1.03%</b>	<b>0.95%</b>	<b>1.09%</b>	<b>1.10%</b>
<b>Total Full Time Employees</b>					<b>6</b>	<b>7</b>	<b>8</b>	<b>8</b>	<b>8</b>

**Oconee County, South Carolina  
Board of Assessment Appeals (303)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	303	10110	00000	<b>Salary and Wages/BoardMembers</b>	2,039	2,471	2,991	10,477	6,000
10	303	20013	00000	<b>Social Security</b>	83	116	140	266	266
10	303	20015	00000	<b>Workers Compensation</b>	3	6	7	10	10
<b>Salary and Wage Totals</b>					<b>2,125</b>	<b>2,593</b>	<b>3,138</b>	<b>10,753</b>	<b>6,276</b>
10	303	30018	00000	<b>Travel</b>	89	88	114	950	950
10	303	30068	00000	<b>Advertising</b>	-	-	-	200	200
10	303	40032	00000	<b>Operational</b>	-	10	-	100	100
<b>Expenditure Total</b>					<b>89</b>	<b>98</b>	<b>114</b>	<b>1,250</b>	<b>1,250</b>
<b>Department Total</b>					<b>2,214</b>	<b>2,691</b>	<b>3,252</b>	<b>12,003</b>	<b>7,526</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Revenue</b>					1,587	2,305	1,839	6,451	3,905
<b>Cost in Tax Dollars</b>					627	386	1,413	5,552	3,621
<b>Estimated Millage</b>					0.00	0.00	0.01	0.02	0.01
<b>Percentage of General Fund Budget</b>					0.03%	0.03%	0.04%	0.12%	0.07%
<b>Total Part Time Employees</b>					1	1	1	1	1

**Oconee County, South Carolina  
Building Codes Department (702)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	702	10110	00000	Salary and Wages	393,668	330,769	329,910	345,671	382,916
10	702	10710	00000	Overtime	7,958	6,729	9,048	10,000	10,000
10	702	20013	00000	Social Security	29,009	25,058	24,971	25,394	30,078
10	702	20014	00000	Retirement	56,953	49,602	52,629	54,789	68,713
10	702	20015	00000	Workers Compensation	8,824	7,687	8,505	5,698	9,628
10	702	20016	00000	Health Insurance	86,103	69,753	73,112	63,973	73,112
10	702	20027	00000	Dental	3,396	2,441	4,400	3,850	4,400
10	702	20028	00000	Vision	638	128	800	700	800
<b>Salary and Wage Totals</b>					<b>586,549</b>	<b>492,167</b>	<b>503,375</b>	<b>510,075</b>	<b>579,647</b>
10	702	30025	00000	Professional	120,952	73,107	60,687	75,000	75,000
10	702	30056	00000	Data Processing	33,200	32,000	34,309	35,500	35,500
10	702	30059	00000	Copies	2,881	964	829	3,700	3,500
10	702	30068	00000	Advertising	979	-	-	-	-
10	702	30080	00000	Dues: Organizations	1,347	1,175	479	2,750	2,500
10	702	30084	00000	Staff Development	6,070	5,545	5,091	12,000	10,000
10	702	30090	00000	Commission Honoraria	4,375	-	-	-	-
10	702	40027	00000	Safety Equipment	354	362	625	625	2,500
10	702	40031	00000	Small Equipment	1,266	812	306	2,500	2,000
10	702	40032	00000	Operational	7,691	886	2,060	5,000	4,000
10	702	40034	00000	Food	42	-	-	-	-
10	702	40065	00000	Uniforms/Clothing	718	1,653	1,913	2,500	3,500
10	702	80702	00000	Vehicle Maintenance	3,241	4,682	3,733	3,500	4,500
10	702	81702	00000	Gasoline	10,652	10,324	9,880	8,500	12,000
<b>Expenditure Total</b>					<b>193,768</b>	<b>131,510</b>	<b>119,912</b>	<b>151,575</b>	<b>155,000</b>
<b>Department Total</b>					<b>780,317</b>	<b>623,677</b>	<b>623,287</b>	<b>661,650</b>	<b>734,647</b>
<b>Direct Revenue</b>									
10	80	805	13700	Building Codes	862,741	995,832	1,333,492	1,200,000	1,500,000
10	80	805	13701	Building Codes Mobile Home Fees	20,000	22,050	22,705	20,000	20,000
10	80	805	13705	Building Codes Plan Review Fees	130,286	189,490	162,284	175,000	175,000
10	80	805	13706	Subdivision Plan Review Fees	2,300	4,225	5,800	5,000	5,000
10	80	805	10370	Communication Tower Fees	15,000	25,000	36,000	30,000	32,000
10	80	805	60735	One Stop Recording Fees	2,930	5,250	141,643	5,000	5,000
<b>Departmental Total Direct Revenue</b>					<b>1,033,257</b>	<b>1,241,847</b>	<b>1,701,924</b>	<b>1,435,000</b>	<b>1,737,000</b>
<b>Other Revenue</b>					94,819	95,347	58,602	63,621	67,864
<b>Cost in Tax Dollars</b>					(347,759)	(713,517)	(1,137,238)	(836,971)	(1,070,217)
<b>Estimated Millage</b>					-0.65	-1.31	-2.03	-1.49	-1.89
<b>Percentage of General Fund Budget</b>					1.63%	1.27%	1.14%	1.15%	1.21%
<b>Total Full Time Employees</b>					10	7	7	7	8

**Oconee County, South Carolina  
Chau Ram Park (205)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	205	10110	00000	Salary and Wages	130,832	145,087	162,644	157,638	191,630
10	205	10710	00000	Overtime	5,790	4,883	13,419	7,000	7,000
10	205	20013	00000	Social Security	10,208	11,009	12,917	11,701	15,196
10	205	20014	00000	Retirement	19,840	21,661	23,913	25,329	34,879
10	205	20015	00000	Workers Compensation	5,747	6,354	8,348	4,842	8,234
10	205	20016	00000	Health Insurance	38,986	41,699	42,649	36,556	45,695
10	205	20027	00000	Dental	1,552	907	2,567	2,200	2,750
10	205	20028	00000	Vision	253	56	466	400	500
<b>Salary and Wage Totals</b>					<b>213,208</b>	<b>231,656</b>	<b>266,923</b>	<b>245,666</b>	<b>305,884</b>
10	205	30024	00000	Equipment Maintenance	614	622	636	1,200	1,200
10	205	30025	00000	Professional	34,665	42,919	45,586	45,585	45,585
10	205	30037	00000	Equipment (Leased or Rented)	86	8,357	2,592	9,700	9,700
10	205	30059	00000	Copier Clicks	-	-	422	-	-
10	205	33022	00000	Building/Grounds Maintenance	11,165	28,653	34,920	31,000	-
10	205	34042	00000	Gas and Fuel Oil	3,442	3,597	2,972	2,400	2,400
10	205	34043	00000	Electricity	10,592	10,096	16,767	12,000	12,000
10	205	34044	00000	Water/Sewer/Garbage	1,228	2,463	3,747	1,800	1,800
10	205	40031	00000	Small Equipment	2,612	1,572	14,824	9,500	9,500
10	205	40032	00000	Operational	3,751	5,467	9,422	5,500	5,500
10	205	40034	00000	Food	177	465	295	300	300
10	205	40045	00000	IT Replacement Equip/Software	-	-	1,530	-	-
10	205	40065	00000	Uniforms/Clothing	1,426	2,238	1,386	2,600	2,600
10	205	40832	00000	Concessions	223	221	11,920	11,000	11,000
<b>Expenditure Total</b>					<b>69,981</b>	<b>106,670</b>	<b>147,019</b>	<b>132,585</b>	<b>101,585</b>
<b>Department Total</b>					<b>283,189</b>	<b>338,326</b>	<b>413,942</b>	<b>378,251</b>	<b>407,469</b>
<b>Direct Revenue</b>									
10	80	805	00205	Chau Ram Park Revenues	39,230	32,906	79,302	60,000	85,000
<b>Departmental Total Direct Revenue</b>					<b>39,230</b>	<b>32,906</b>	<b>79,302</b>	<b>60,000</b>	<b>85,000</b>
<b>Other Revenue</b>					34,411	51,723	38,919	36,371	37,640
<b>Cost in Tax Dollars</b>					209,548	253,697	295,721	281,880	284,829
<b>Estimated Millage</b>					0.53	0.62	0.74	0.67	0.72
<b>Percentage of General Fund Budget</b>					0.59%	0.69%	0.76%	0.66%	0.67%
<b>Total Full Time Employees</b>					4	4	4	4	5



**Oconee County, South Carolina  
Clerk of Court (501)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	501	10110	00000	Salary and Wages	334,721	360,205	376,348	362,424	414,255
10	501	10710	00000	Overtime	389	774	1,037	500	500
10	501	20013	00000	Social Security	23,683	25,436	26,643	26,832	31,729
10	501	20014	00000	Retirement	48,869	52,691	56,794	58,084	72,831
10	501	20015	00000	Workers Compensation	1,081	1,154	957	1,042	1,452
10	501	20016	00000	Health Insurance	79,160	82,192	91,390	91,390	100,529
10	501	20027	00000	Dental	4,317	1,991	5,500	5,500	6,050
10	501	20028	00000	Vision	703	95	1,000	1,000	1,100
<b>Salary and Wage Totals</b>					<b>492,923</b>	<b>524,538</b>	<b>559,669</b>	<b>546,772</b>	<b>628,446</b>
10	501	30018	00000	Travel	216	165	-	250	375
10	501	30024	00000	Equipment Maintenance	-	8,329	-	-	-
10	501	30025	00000	Professional	7,032	-	-	-	-
10	501	30026	00000	Court Expenditures	48,002	38,266	23,234	60,000	60,000
10	501	30056	00000	Data Processing	33,950	27,282	30,377	30,000	27,000
10	501	30059	00000	Copier Click Charges	5,104	4,558	4,631	5,500	7,000
10	501	30084	00000	Staff Development	1,515	1,177	-	1,600	2,500
10	501	40031	00000	Small Equipment	2,938	560	9,749	6,500	5,000
10	501	40032	00000	Operational	5,205	6,126	5,145	7,500	7,500
10	501	40045	00000	IT Replacement Equipment/Software	-	835	-	-	-
10	501	60901	00155	DSS Child Support Title IV-D	10,753	6,821	12,476	14,414	14,414
10	501	95100	20220	Master in Equity	36,056	36,056	36,056	36,056	36,056
<b>Expenditure Total</b>					<b>150,771</b>	<b>130,175</b>	<b>121,668</b>	<b>161,820</b>	<b>159,845</b>
<b>Department Total</b>					<b>643,694</b>	<b>654,713</b>	<b>681,337</b>	<b>708,592</b>	<b>788,291</b>
<b>Direct Revenue</b>									
10	80	805	11900	Clerk of Court	219,833	240,874	195,494	250,000	225,000
10	80	805	11902	3% State Document Fee	44,078	49,483	74,867	42,000	60,000
10	80	805	16020	Master in Equity	11,640	9,245	5,740	12,000	10,000
10	80	805	21900	Clerk of Court Supplement	1,575	1,575	1,575	1,576	1,576
<b>Departmental Total Direct Revenue</b>					<b>277,126</b>	<b>301,177</b>	<b>277,676</b>	<b>305,576</b>	<b>296,576</b>
<b>Other Revenue</b>					78,218	100,092	64,059	68,134	72,819
<b>Cost in Tax Dollars</b>					288,350	253,444	339,602	334,882	418,896
<b>Estimated Millage</b>					1.20	1.20	1.21	1.26	1.39
<b>Percentage of General Fund Budget</b>					1.34%	1.34%	1.24%	1.24%	1.30%
<b>Total Full Time Employees</b>					10	10	10	10	11

Does not include Federal Paid Employees of 2.78 FTEs

**Oconee County, South Carolina  
Communications (104)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	104	10110	00000	Salary and Wages	820,307	870,996	880,914	981,912	1,073,580
10	104	10710	00000	Overtime	116,758	103,494	108,805	75,000	75,000
10	104	20013	00000	Social Security	68,381	70,764	72,190	73,477	87,865
10	104	20014	00000	Retirement	139,170	141,327	155,244	158,708	202,919
10	104	20015	00000	Workers Compensation	8,457	6,099	7,823	4,925	4,019
10	104	20016	00000	Health Insurance	205,956	201,336	201,058	214,766	228,475
10	104	20027	00000	Dental	7,859	7,056	12,050	12,925	13,750
10	104	20028	00000	Vision	1,280	667	2,200	2,350	2,500
<b>Salary and Wage Totals</b>					<b>1,368,168</b>	<b>1,401,739</b>	<b>1,440,284</b>	<b>1,524,063</b>	<b>1,688,108</b>
<b>New Positions</b>					-	-	-	-	-
<b>New Position Total</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
10	104	30018	00000	Travel	553	405	462	-	-
10	104	30024	00000	Equipment Maintenance	79,206	64,478	74,768	82,000	82,000
10	104	30025	00000	Professional	2,461	502	228	4,000	4,000
10	104	30037	00000	Equipment Leased or Rented	-	76	-	-	-
10	104	30041	00000	Telecommunications	89,040	72,349	99,436	92,000	92,000
10	104	30056	00000	Data Processing	27,412	36,919	16,726	17,000	17,000
10	104	30059	00000	Copier Click Charges	1,691	3,229	3,163	3,000	3,000
10	104	30080	00000	Dues: Organizations	510	424	430	450	450
10	104	30084	00000	Staff Development	5,849	5,830	480	6,000	6,000
10	104	33022	00000	Building/Grounds Maintenance (External Radio Sites)	168	626	-	1,700	1,700
10	104	34042	00000	Gas and Fuel Oil - Generators	640	-	746	1,400	1,400
10	104	34043	00000	Electricity - Radio Sites	6,315	5,578	6,190	6,500	6,500
10	104	40031	00000	Small Equipment	6,775	7,724	3,289	4,000	4,000
10	104	40032	00000	Operational	3,700	3,648	3,762	4,000	4,000
10	104	40034	00000	Food	840	333	825	1,000	1,000
10	104	40045	00000	IT Replacement EQ/Software	3,302	1,275	357	5,000	5,000
10	104	40102	00000	Periodical Subscriptions	-	469	70	-	-
<b>Expenditure Total</b>					<b>228,462</b>	<b>203,865</b>	<b>210,932</b>	<b>228,050</b>	<b>228,050</b>
<b>Department Total</b>					<b>1,596,630</b>	<b>1,605,604</b>	<b>1,651,216</b>	<b>1,752,113</b>	<b>1,916,158</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Revenue</b>					194,013	245,463	155,247	168,474	177,006
<b>Cost in Tax Dollars</b>					1,402,617	1,360,141	1,495,969	1,583,639	1,739,152
<b>Estimated Millage</b>					2.61	2.49	2.66	2.82	3.08
<b>Percentage of General Fund Budget</b>					3.33%	3.28%	3.01%	3.06%	3.16%
<b>Total Full Time Employees</b>					21	21	22	24	25

**Oconee County, South Carolina  
Coroner (103)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	103	10110	00000	Salary and Wages	98,531	104,625	121,766	180,466	191,244
10	103	20013	00000	Social Security	6,956	7,452	8,543	13,145	14,630
10	103	20014	00000	Retirement	14,361	16,298	19,414	28,454	33,322
10	103	20015	00000	Workers Compensation	3,491	3,740	4,649	5,697	7,263
10	103	20016	00000	Health Insurance	15,072	16,838	18,278	18,278	27,417
10	103	20027	00000	Dental	525	716	1,100	1,100	1,650
10	103	20028	00000	Vision	86	70	200	200	300
<b>Salary and Wage Totals</b>					<b>139,022</b>	<b>149,739</b>	<b>173,950</b>	<b>247,340</b>	<b>275,826</b>
10	103	30024	00000	Equipment Maintenance	1,098	1,355	2,562	1,500	1,500
10	103	30025	00000	Professional	61,445	75,285	58,544	20,000	10,000
10	103	30041	00000	Telecommunications	194	195	195	240	240
10	103	30059	00000	Copier Click Charges	798	864	780	1,000	1,000
10	103	30080	00000	Dues: Organizations	360	300	260	330	330
10	103	30084	00000	Staff Development	50	402	1,269	2,000	2,000
10	103	33022	00000	Building/Grounds Maintenance	2,586	915	1,145	6,000	6,000
10	103	34042	00000	Gas & Fuel Oil	200	211	179	350	400
10	103	34043	00000	Electricity	4,554	4,617	4,506	4,600	5,000
10	103	34044	00000	Water/Sewer/Garbage	1,134	1,118	1,290	1,700	2,000
10	103	40027	00000	Safety Equipment	258	167	135	250	450
10	103	40031	00000	Small Equipment	28	1,428	1,205	4,500	2,500
10	103	40032	00000	Operational	5,495	5,681	4,421	4,500	6,000
10	103	40045	00000	IT Replacement Eq/Software	-	1,287	-	-	-
10	103	40065	00000	Uniforms/Clothing	414	518	504	550	600
10	103	40102	00000	Periodicals	220	230	240	250	250
10	103	60831	00000	Pauper Funerals - Moved from DSS in 2021	-	-	750	8,000	5,000
10	103	80103	00000	Vehicle Maintenance	1,543	1,550	1,404	2,500	2,500
10	103	81103	00000	Gasoline	4,712	4,102	3,914	6,500	7,000
<b>Expenditure Total</b>					<b>85,089</b>	<b>100,225</b>	<b>83,303</b>	<b>64,770</b>	<b>52,770</b>
<b>Department Total</b>					<b>224,111</b>	<b>249,964</b>	<b>257,253</b>	<b>312,110</b>	<b>328,596</b>
<b>Direct Revenue</b>									
10	81	00810	21200	Coroner Supplement	1,575	1,575	1,575	1,576	1,576
<b>Departmental Total Direct Revenue</b>					<b>1,575</b>	<b>1,575</b>	<b>1,575</b>	<b>1,576</b>	<b>1,576</b>
<b>Other Revenue</b>					27,233	38,214	24,187	30,011	30,354
<b>Cost in Tax Dollars</b>					195,303	210,175	231,491	280,523	296,666
<b>Estimated Millage</b>					0.36	0.39	0.41	0.50	0.52
<b>Percentage of General Fund Budget</b>					0.47%	0.51%	0.47%	0.54%	0.54%
<b>Total Full Time Employees</b>					2	2	2	3	3

**Oconee County, South Carolina  
County Attorney (741)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	741	10110	00000	Salary and Wages	169,015	197,292	173,518	197,572	199,762
10	741	10710	00000	Overtime	31	70	-	-	-
10	741	20013	00000	Social Security	12,360	13,926	11,548	15,031	15,198
10	741	20014	00000	Retirement	24,492	28,993	27,183	32,537	34,885
10	741	20015	00000	Workers Compensation	4,046	4,215	4,839	697	814
10	741	20016	00000	Health Insurance	16,809	11,829	18,278	18,278	18,278
10	741	20027	00000	Dental	949	716	1,100	1,100	1,100
10	741	20028	00000	Vision	154	71	200	200	200
<b>Salary and Wage Totals</b>					<b>227,856</b>	<b>257,112</b>	<b>236,666</b>	<b>265,415</b>	<b>270,237</b>
10	741	30025	00000	Professional	90,212	49,621	74,234	110,000	110,000
10	741	30080	00000	Dues: Organizations	784	1,105	1,178	1,255	1,255
10	741	30084	00000	Staff Development	2,310	3,006	1,767	3,000	3,000
10	741	40031	00000	Small Equipment	966	318	255	1,500	1,500
10	741	40032	00000	Operational	7,250	8,878	7,764	8,000	8,000
10	741	40045	00000	IT Replacement Eq/Software	1,384	1,261	-	500	500
10	741	40102	00000	Periodicals	50	199	-	300	300
10	741	60767	00000	Contingency	-	-	-	10,000	10,000
<b>Expenditure Total</b>					<b>102,956</b>	<b>64,388</b>	<b>85,198</b>	<b>134,555</b>	<b>134,555</b>
<b>Department Total</b>					<b>330,812</b>	<b>321,500</b>	<b>321,864</b>	<b>399,970</b>	<b>404,792</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Revenue</b>					<b>40,198</b>	<b>49,150</b>	<b>30,262</b>	<b>38,459</b>	<b>37,393</b>
<b>Cost in Tax Dollars</b>					<b>290,614</b>	<b>272,350</b>	<b>291,602</b>	<b>361,511</b>	<b>367,399</b>
<b>Estimated Millage</b>					<b>0.47</b>	<b>0.48</b>	<b>0.50</b>	<b>0.52</b>	<b>0.55</b>
<b>Percentage of General Fund Budget</b>					<b>0.69%</b>	<b>0.66%</b>	<b>0.59%</b>	<b>0.70%</b>	<b>0.67%</b>
<b>Total Full Time Employees</b>					<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>

**Oconee County, South Carolina  
County Council (704)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	704	10110	00000	Salary and Wages	76,822	82,968	84,184	85,464	90,592
10	704	10710	00000	Overtime	564	-	-	-	-
10	704	20013	00000	Social Security	4,614	4,972	5,094	6,437	6,930
10	704	20014	00000	Retirement	10,702	10,910	11,815	13,934	15,907
10	704	20015	00000	Workers Compensation	1,262	1,419	1,540	1,185	1,405
10	704	20016	00000	Health Insurance	44,776	56,002	54,834	54,834	54,834
10	704	20027	00000	Dental	2,626	1,098	3,300	3,300	3,300
10	704	20028	00000	Vision	427	41	600	600	600
<b>Salary and Wage Totals</b>					<b>141,793</b>	<b>157,410</b>	<b>161,367</b>	<b>165,754</b>	<b>173,568</b>
10	704	30018	00000	Travel	1,774	3,002	1,234	3,500	3,500
10	704	30024	00000	Maint on Equipment	-	185	-	-	-
10	704	30025	00000	Professional	5,533	4,419	3,670	5,500	5,500
10	704	30025	00001	Professional - Auditing Firm	53,500	53,500	53,700	55,000	57,000
10	704	30041	00000	Telecommunications	-	700	600	600	-
10	704	30059	00000	Xerox Copies	2,226	1,920	1,200	2,000	2,000
10	704	30068	00000	Advertising	2,526	-	-	-	-
10	704	30080	00000	Dues: Organizations	1,535	1,535	1,535	1,535	1,535
10	704	30084	00000	Staff Development	9,772	13,208	2,557	13,000	15,000
10	704	40031	00000	Small Equipment	2,968	3,676	5,123	-	300
10	704	40032	00000	Operational	434	13,572	581	1,750	2,000
10	704	40034	00000	Food	1,238	1,290	282	1,500	1,500
10	704	40045	00000	It Replacement/Equip Software	-	188	4,879	-	-
10	704	40102	00000	Magazines/Newspapers	-	-	-	153	200
10	704	60736	00000	Donated Gravel	20,664	57,227	184	-	-
10	704	60767	00000	Contingency	833	169	368	4,500	2,500
10	704	95100	20201	SC Association of Counties	13,554	13,554	13,554	13,555	13,555
10	704	95100	20217	Appalachian Council of Governments	38,993	38,993	38,993	38,993	38,993
10	704	95100	20255	Ten at the Top (TATT)	5,000	5,000	5,000	5,000	5,000
<b>Expenditure Total</b>					<b>160,550</b>	<b>212,138</b>	<b>133,460</b>	<b>146,586</b>	<b>148,583</b>
<b>Department Total</b>					<b>302,343</b>	<b>369,548</b>	<b>294,827</b>	<b>312,340</b>	<b>322,151</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Revenue</b>					<b>36,739</b>	<b>56,496</b>	<b>27,720</b>	<b>30,033</b>	<b>29,759</b>
<b>Cost in Tax Dollars</b>					<b>265,604</b>	<b>313,052</b>	<b>267,107</b>	<b>282,307</b>	<b>292,392</b>
<b>Estimated Millage</b>					<b>0.49</b>	<b>0.57</b>	<b>0.48</b>	<b>0.50</b>	<b>0.52</b>
<b>Percentage of General Fund Budget</b>					<b>0.63%</b>	<b>0.76%</b>	<b>0.54%</b>	<b>0.54%</b>	<b>0.53%</b>
<b>Total Full Time Employees</b>					<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

**Oconee County, South Carolina  
Delinquent Tax Collector (305)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	305	10110	00000	Salary and Wages	113,495	93,094	113,038	131,606	139,502
10	305	10710	00000	Overtime	229	78	100	200	-
10	305	20013	00000	Social Security	8,053	6,519	7,832	9,218	10,672
10	305	20014	00000	Retirement	16,755	13,385	18,817	19,953	24,497
10	305	20015	00000	Workers Compensation	1,528	1,260	795	3,175	4,068
10	305	20016	00000	Health Insurance	25,501	21,211	27,417	27,417	27,417
10	305	20027	00000	Dental	1,050	1,297	1,650	1,650	1,650
10	305	20028	00000	Vision	171	142	300	300	300
<b>Salary and Wage Totals</b>					<b>166,782</b>	<b>136,986</b>	<b>169,949</b>	<b>193,519</b>	<b>208,106</b>
10	305	30025	00000	Professional	-	2,403	-	-	-
10	305	30025	60305	Professional-Tax Sale	132,998	142,942	109,454	190,000	150,000
10	305	30056	00000	Data Processing	6,891	7,198	9,633	7,320	9,000
10	305	30059	00000	Copier Click Charges	2,330	2,245	2,991	2,750	3,000
10	305	30068	60305	Advertising- Tax Sale	31,353	22,302	22,302	32,000	32,000
10	305	30080	00000	Dues: Organizations	50	50	50	115	115
10	305	30084	00000	Staff Development	1,205	-	-	1,800	1,800
10	305	40031	00000	Small Equipment	-	233	-	-	-
10	305	40032	00000	Operational	1,070	1,010	1,369	1,400	1,400
10	305	40032	60305	Operational- Tax Sale	4,455	3,420	3,357	6,000	7,000
10	305	40033	60305	Postage - Tax Sale	26,254	2,523	59,170	36,000	36,000
10	305	40065	60305	Uniform Clothing - Tax Sale	83	111	134	150	150
<b>Expenditure Total</b>					<b>206,689</b>	<b>184,437</b>	<b>208,460</b>	<b>277,535</b>	<b>240,465</b>
<b>Department Total</b>					<b>373,471</b>	<b>321,423</b>	<b>378,409</b>	<b>471,054</b>	<b>448,571</b>
<b>Direct Revenue</b>									
10	80	805	10285	Tax Sale Fees	236,564	157,325	268,720	235,000	250,000
10	80	805	12501	Tax Collector Fees	50,200	45,574	54,510	40,000	50,000
<b>Departmental Total Direct Revenue</b>					<b>236,564</b>	<b>157,325</b>	<b>268,720</b>	<b>235,000</b>	<b>250,000</b>
<b>Other Revenue</b>					45,382	49,139	35,578	45,294	41,437
<b>Cost in Tax Dollars</b>					91,525	114,959	74,111	190,760	157,134
<b>Estimated Millage</b>					0.17	0.21	0.13	0.34	0.28
<b>Percentage of General Fund Budget</b>					0.78%	0.66%	0.69%	0.82%	0.74%
<b>Total Full Time Employees</b>					3	3	3	3	3

**Oconee County, South Carolina  
Department of Social Services (402)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	402	30041	00000	<b>Telecommunications</b>	9,276	10,806	11,287	11,700	11,700
10	402	40031	00000	<b>Non-Capital Equipment</b>	3,457	-	-	1,000	500
10	402	40032	00000	<b>Operational</b>	22	23	148	500	500
10	402	60831	00000	<b>Pauper Funerals</b>	7,112	2,000	-	-	-
<b>Expenditure Total</b>					<b>19,867</b>	<b>12,829</b>	<b>11,435</b>	<b>13,200</b>	<b>12,700</b>
<b>Department Total</b>					<b>19,867</b>	<b>12,829</b>	<b>11,435</b>	<b>13,200</b>	<b>12,700</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Other Revenue</b>					2,414	1,961	1,075	1,269	1,173
<b>Cost in Tax Dollars</b>					17,453	10,868	10,360	11,931	11,527
<b>Estimated Millage</b>					0.03	0.02	0.02	0.02	0.02
<b>Percentage of General Fund Budget</b>					0.04%	0.03%	0.02%	0.02%	0.02%
<b>Total Full Time Employees</b>					-	-	-	-	-

**Oconee County, South Carolina  
Detention Center (106)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	106	10110	00000	Salary and Wages	1,827,617	1,911,589	1,923,447	2,109,478	2,305,352
10	106	10710	00000	Overtime	69,509	84,896	83,161	100,000	85,000
10	106	20013	00000	Social Security	138,408	145,866	146,507	151,847	184,392
10	106	20014	00000	Retirement	323,714	342,620	363,605	390,094	477,860
10	106	20015	00000	Workers Compensation	66,647	69,452	78,947	81,326	90,404
10	106	20016	00000	Health Insurance	405,514	410,001	438,672	466,089	466,089
10	106	20027	00000	Dental	17,865	16,665	26,400	28,050	28,050
10	106	20028	00000	Vision	2,886	1,644	4,800	5,100	5,100
<b>Salary and Wage Totals</b>					<b>2,852,160</b>	<b>2,982,733</b>	<b>3,065,539</b>	<b>3,331,984</b>	<b>3,642,247</b>
10	106	30024	00000	Equipment Maintenance	11,235	13,978	13,946	14,000	15,000
10	106	30025	00000	Professional	790	1,082	991	3,600	3,600
10	106	30028	00000	State Inmate Stipend	7,652	12,268	11,556	14,600	17,000
10	106	30037	00000	Equipment (Leased or Rented)	-	-	257		
10	106	30056	00000	Data Processing	16,747	6,472	34,964	43,000	43,000
10	106	30059	00000	Copier Click Charges	7,361	7,763	9,746	10,000	10,000
10	106	30062	00000	Medical	288,201	351,999	403,573	427,000	450,000
10	106	30080	00000	Dues: Organizations	1,950	1,590	1,500	2,000	2,000
10	106	30084	00000	Staff Development	8,918	5,674	7,683	15,000	12,500
10	106	33022	00000	Building/Grounds Maintenance	62,714	61,832	58,195	62,000	62,000
10	106	34042	00000	Gas and Fuel Oil	21,859	22,914	19,985	20,000	20,000
10	106	34043	00000	Electricity	230,515	248,883	211,434	200,000	200,000
10	106	34044	00000	Water/Sewer/Garbage	44,429	57,542	50,209	48,000	55,000
10	106	40031	00000	Small Equipment	47,291	26,229	16,810	30,000	27,000
10	106	40032	00000	Operational	63,982	77,846	72,374	79,000	75,000
10	106	40033	00000	Postage	82	192	84	900	900
10	106	40034	00000	Food	249,568	285,691	306,888	266,000	350,000
10	106	40045	00000	IT Replacement Equipment/Software	7,970	7,947	10,528	9,000	9,000
10	106	40065	00000	Uniforms/Clothing	56,059	41,710	37,587	55,000	50,000
10	106	40102	00000	Periodicals	190	190	-	250	250
10	106	60741	00000	Juvenile Detention Services (Department of Juvenile Justice)	22,543	20,878	13,425	32,000	32,000
<b>Expenditure Total</b>					<b>1,150,056</b>	<b>1,252,680</b>	<b>1,281,735</b>	<b>1,331,350</b>	<b>1,434,250</b>
<b>Department Total</b>					<b>4,002,216</b>	<b>4,235,413</b>	<b>4,347,274</b>	<b>4,663,334</b>	<b>5,076,497</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Revenue</b>					<b>486,324</b>	<b>647,504</b>	<b>408,731</b>	<b>448,401</b>	<b>468,945</b>
<b>Cost in Tax Dollars</b>					<b>3,515,892</b>	<b>3,587,909</b>	<b>3,938,543</b>	<b>4,214,933</b>	<b>4,607,552</b>
<b>Estimated Millage</b>					<b>6.54</b>	<b>6.58</b>	<b>7.02</b>	<b>7.51</b>	<b>8.15</b>
<b>Percentage of General Fund Budget</b>					<b>8.34%</b>	<b>8.65%</b>	<b>7.93%</b>	<b>8.13%</b>	<b>8.38%</b>
<b>Total Full Time Employees</b>					<b>47</b>	<b>47</b>	<b>48</b>	<b>50</b>	<b>50</b>



**Oconee County, South Carolina  
Economic Development (707)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	707	10110	00000	Salary and Wages	216,831	199,264	200,260	291,377	271,156
10	707	10710	00000	Overtime	32,053	7,777	-	-	-
10	707	20013	00000	Social Security	17,344	15,434	15,020	20,881	20,743
10	707	20014	00000	Retirement	33,750	28,381	31,299	42,346	47,315
10	707	20015	00000	Workers Compensation	4,166	4,544	4,706	6,088	8,208
10	707	20016	00000	Health Insurance	37,380	34,750	36,556	36,556	36,556
10	707	20027	00000	Dental	1,656	2,296	2,200	2,200	2,200
10	707	20028	00000	Vision	270	259	400	400	400
<b>Salary and Wage Totals</b>					<b>343,450</b>	<b>292,705</b>	<b>290,441</b>	<b>399,848</b>	<b>386,578</b>
10	707	30059	00000	Copier Click Charges	786	662	377	3,000	3,000
10	707	30071	00000	Rent	21,012	22,763	18,294	21,600	21,600
10	707	33022	00000	Equip Maint-Sign Maint	-	-	322	12,500	12,500
10	707	34043	00001	Electricity - Commerce Center	1,902	1,994	1,931	2,225	2,225
10	707	34043	00080	Electricity-Golden Corner	-	-	-	5,000	5,000
10	707	34043	00104	Electricity-OITP	3,321	3,877	4,251	4,900	4,900
10	707	34044	00000	Water/Sewer/Garbage	550	-	458	1,000	1,000
10	707	40031	00000	IT Replacement Eq/Software	-	(1,233)	2,332	1,000	1,000
10	707	60907	90715	SDOC C-14-2286 US Enginee	-	-	60,000	-	-
10	707	80707	00000	Vehicle Maintenance	346	14	102	500	500
10	707	81707	00000	Gasoline	803	339	308	2,500	250
10	707	95100	20217	EDIS Partnership via Appalachian Council of Governments	12,199	12,199	12,199	12,199	12,199
10	707	95100	20254	Mountain Lakes Business Development Corporation	39,000	34,550	34,550	27,500	25,000
10	707	95100	20256	Oconee Economic Alliance	159,275	158,775	156,393	156,275	150,000
10	707	95100	20257	Upstate SC Alliance	37,522	37,522	-	40,000	40,000
<b>Expenditure Total</b>					<b>276,716</b>	<b>271,462</b>	<b>291,517</b>	<b>290,199</b>	<b>279,174</b>
<b>Department Total</b>					<b>620,166</b>	<b>564,167</b>	<b>581,958</b>	<b>690,047</b>	<b>665,752</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Revenue</b>					<b>75,359</b>	<b>86,249</b>	<b>54,716</b>	<b>66,351</b>	<b>61,499</b>
<b>Cost in Tax Dollars</b>					<b>544,807</b>	<b>477,918</b>	<b>527,242</b>	<b>623,696</b>	<b>604,253</b>
<b>Estimated Millage</b>					<b>1.01</b>	<b>0.88</b>	<b>0.94</b>	<b>1.11</b>	<b>1.07</b>
<b>Percentage of General Fund Budget</b>					<b>1.29%</b>	<b>1.15%</b>	<b>1.06%</b>	<b>1.20%</b>	<b>1.10%</b>
<b>Total Full Time Employees</b>					<b>4</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>4</b>

**Oconee County, South Carolina  
Facilities Maintenance (714)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	714	10110	00000	Salary and Wages	464,029	540,520	549,679	598,106	610,806
10	714	00121	00000	Work Release Program	-	-	-	15,000	-
10	714	10710	00000	Overtime	1,852	3,402	2,527	2,500	2,500
10	714	20013	00000	Social Security	32,957	38,421	39,742	42,463	46,956
10	714	20014	00000	Retirement	67,590	79,205	85,943	91,920	107,507
10	714	20015	00000	Workers Compensation	20,395	24,229	27,622	19,804	28,146
10	714	20016	00000	Health Insurance	119,298	139,976	127,946	137,085	137,085
10	714	20027	00000	Dental	5,959	2,292	7,150	8,250	8,250
10	714	20028	00000	Vision	970	75	1,300	1,500	1,500
<b>Salary and Wage Totals</b>					<b>713,050</b>	<b>828,120</b>	<b>841,909</b>	<b>916,628</b>	<b>942,750</b>
10	714	30024	00000	Equipment Maintenance	533	1,106	1,257	2,000	1,500
10	714	30025	00000	Professional	29,528	5,750	-	20,000	10,000
10	714	30059	00000	Copier Clicks	13	174	288	200	250
10	714	30084	00000	Staff Development	-	-	-	500	250
10	714	33022	00000	Building/Grounds Maintenance	5,567	7,051	7,997	7,000	7,500
10	714	33022	00109	Building Maintenance - Probation and Parole	4,592	5,565	3,676	8,000	5,000
10	714	33022	00206	Building/Grounds-Salem Library	-	6,943	-	-	-
10	714	33022	00208	Building/Grounds-Seneca Library	-	-	74,650	-	-
10	714	33022	00270	Building/Grounds - Oakway Intm	7,594	1,618	1,284	2,000	1,500
10	714	33022	00310	Building/Grounds - Christ Central	27,639	-	-	-	-
10	714	33022	00402	Building Maintenance - DSS Building	22,533	14,229	13,122	20,000	17,500
10	714	33022	00405	Buildings/Grounds Rosa Clark	-	14,820	-	1,000	1,000
10	714	33022	00407	Building Maintenance - Lakeview Rest Home	4,158	60,031	159,188	10,000	12,000
10	714	33022	00510	Building Maintenance - Courthouse	39,863	44,772	35,198	59,000	55,000
10	714	33022	00703	Building Maintenance - Walhalla Health Department	3,995	14,542	106,548	5,000	5,000
10	714	33022	00716	Building Maintenance - USDA Building	3,448	2,455	13,184	3,500	2,500
10	714	33022	00723	Building Maintenance - Pine Street	33,662	22,011	39,659	33,000	50,000
10	714	33022	00729	Building Maintenance - Brown Building	6,924	4,977	11,246	5,000	5,000
10	714	34042	00109	Gas and Fuel Oil - Probation and Parole	1,999	1,815	1,416	1,900	2,000
10	714	34042	00270	Gas and Fuel Oil - Oakway Intm	3,979	4,290	4,120	2,500	3,500
10	714	34042	00410	Gas and Fuel Oil - Walhalla Health	-	-	656		
10	714	34042	00510	Gas and Fuel Oil - Courthouse	12,577	11,649	21,369	20,000	20,000
10	714	34042	00723	Gas and Fuel Oil - Pine Street	3,317	2,424	2,632	3,500	3,000
10	714	34042	00729	Gas and Fuel Oil - Brown Building	1,047	957	1,081	1,900	1,500
10	714	34043	00000	Electricity - Facilities Maintenance	907	1,398	819	1,000	1,000
10	714	34043	00109	Electricity - Probation and Parole	5,496	5,354	4,391	6,200	5,700
10	714	34043	00270	Electricity - Oakway School	18,120	22,464	23,274	20,000	25,000
10	714	34043	00402	Electricity - DSS Building	46,707	46,920	39,123	45,000	40,000

**Oconee County, South Carolina  
Facilities Maintenance (714)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	714	34043	00403	Electricity - Walhalla Health Department	13,564	12,326	16,183	15,000	17,500
10	714	34043	00409	Electricity - Foothills Alliance	1,465	1,246	391	1,300	1,200
10	714	34043	00510	Electricity - Courthouse	101,611	72,786	66,417	75,000	75,000
10	714	34043	00723	Electricity - Pine Street	25,541	48,065	44,565	40,000	40,000
10	714	34043	00729	Electricity - Brown Building	10,260	10,473	12,581	12,000	13,000
10	714	34044	00000	Water - Facilities Maintenance	796	899	806	800	1,000
10	714	34044	00109	Water - Probation and Parole	1,366	682	650	1,000	1,200
10	714	34044	00270	Water - Oakway School	479	2,068	2,283	2,000	2,500
10	714	34044	00402	Water - DSS Building	3,152	3,249	2,712	2,850	3,200
10	714	34044	00403	Water - Walhalla Health Department	945	1,192	837	1,000	1,200
10	714	34044	00409	Water - Foothills Alliance	676	608	575	700	1,000
10	714	34044	00510	Water - Courthouse	3,294	3,465	3,215	3,600	3,600
10	714	34044	00723	Water - Pine Street	2,202	2,295	2,307	2,500	3,000
10	714	34044	00729	Water - Brown Building	1,154	1,309	1,012	1,300	1,500
10	714	40027	00000	Safety Equipment	2,010	2,122	2,050	2,500	3,500
10	714	40031	00000	Small Equipment	3,918	8,195	10,527	10,000	10,000
10	714	40032	00000	Operational	28,944	30,161	28,722	30,000	32,000
10	714	40045	00000	IT Replacement Eq/Software	-	-	1,300	-	-
10	714	40065	00000	Uniforms/Clothing	5,320	3,777	9,186	6,000	6,000
10	714	80714	00000	Vehicle Maintenance	7,453	4,331	9,446	6,500	7,500
10	714	81714	00000	Gasoline	13,214	11,558	11,959	13,500	18,000
<b>Expenditure Total</b>					<b>511,562</b>	<b>524,122</b>	<b>793,902</b>	<b>505,750</b>	<b>517,600</b>
<b>Department Total</b>					<b>1,224,612</b>	<b>1,352,242</b>	<b>1,635,811</b>	<b>1,422,378</b>	<b>1,460,350</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Other Revenue</b>					148,807	206,729	153,799	136,768	134,901
<b>Cost in Tax Dollars</b>					1,075,805	1,145,513	1,482,012	1,285,610	1,325,449
<b>Estimated Millage</b>					2.00	2.10	2.64	2.29	2.34
<b>Percentage of General Fund Budget</b>					2.55%	2.76%	2.99%	2.48%	2.41%
<b>Total Full Time Employees</b>					14	15	15	15	15

**Oconee County, South Carolina  
Finance Department (708)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	708	10110	00000	Salary and Wages	332,526	286,650	328,534	356,379	339,493
10	708	10710	00000	Overtime	234	425	956	1,000	1,000
10	708	20013	00000	Social Security	23,779	20,415	23,454	26,325	26,048
10	708	20014	00000	Retirement	48,532	41,643	50,017	56,823	59,619
10	708	20015	00000	Workers Compensation	1,069	952	1,370	1,185	1,364
10	708	20016	00000	Health Insurance	54,396	52,230	63,973	54,834	54,834
10	708	20027	00000	Dental	2,992	2,143	3,850	3,300	3,300
10	708	20028	00000	Vision	487	188	700	600	600
<b>Salary and Wage Totals</b>					<b>464,015</b>	<b>404,646</b>	<b>472,854</b>	<b>500,446</b>	<b>486,258</b>
10	708	30018	00000	Travel	672	484	-	1,000	-
10	708	30024	00000	Equipment Maintenance	-	-	-	720	-
10	708	30025	00000	Professional	9,288	8,465	19,953	10,300	10,300
10	708	30056	00000	Data Processing	161,841	173,798	190,696	163,000	200,000
10	708	30059	00000	Copies	3,948	3,956	4,523	4,800	4,800
10	708	30068	00000	Advertising	1,142	-	-	-	-
10	708	30080	00000	Dues: Organizations	1,095	1,224	1,345	1,600	1,150
10	708	30084	00000	Staff Development	2,920	1,349	280	3,000	3,000
10	708	40031	00000	Small Equipment	424	2,004	714	1,800	1,800
10	708	40032	00000	Operational	4,833	7,172	5,408	6,000	6,000
10	708	40045	00000	IT Replacement Equipment/Software	1,368	4,001	-	-	2,000
10	708	40102	00000	Periodicals	180	50	-	500	-
10	708	80708	00000	Vehicle Maintenance	122	-	-	-	-
10	708	81708	00000	Gasoline	603	24	-	-	-
<b>Expenditure Total</b>					<b>188,436</b>	<b>202,527</b>	<b>222,919</b>	<b>192,720</b>	<b>229,050</b>
<b>Department Total</b>					<b>652,451</b>	<b>607,173</b>	<b>695,773</b>	<b>693,166</b>	<b>715,308</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Revenue</b>					<b>79,282</b>	<b>92,824</b>	<b>65,417</b>	<b>66,651</b>	<b>66,077</b>
<b>Cost in Tax Dollars</b>					<b>573,169</b>	<b>514,349</b>	<b>630,356</b>	<b>626,515</b>	<b>649,231</b>
<b>Estimated Millage</b>					<b>1.07</b>	<b>0.94</b>	<b>1.12</b>	<b>1.12</b>	<b>1.15</b>
<b>Percentage of General Fund Budget</b>					<b>1.36%</b>	<b>1.24%</b>	<b>1.27%</b>	<b>1.21%</b>	<b>1.18%</b>
<b>Total Full Time Employees</b>					<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>5</b>

**Oconee County, South Carolina  
Fire/Emergency Services (107)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	107	10110	00000	Salary and Wages	1,348,486	1,324,581	1,358,981	1,622,646	1,821,721
10	107	10710	00000	Overtime	23,144	40,673	57,784	30,000	30,000
10	107	20013	00000	Social Security	100,548	101,602	103,977	126,112	139,780
10	107	20014	00000	Retirement	232,553	233,603	252,440	335,456	363,704
10	107	20015	00000	Workers Compensation	129,102	144,627	157,278	161,034	224,197
10	107	20016	00000	Health Insurance	260,890	250,248	319,865	356,421	383,838
10	107	20027	00000	Dental	7,795	15,898	19,250	21,450	23,100
10	107	20028	00000	Vision	1,270	1,864	3,500	3,900	4,200
<b>Salary and Wage Totals</b>					<b>2,103,788</b>	<b>2,113,096</b>	<b>2,273,075</b>	<b>2,657,019</b>	<b>2,990,540</b>
10	107	30018	00000	Travel	696	-	-	-	-
10	107	30024	00000	Equipment Maintenance	18,575	17,499	13,545	18,000	16,000
10	107	30025	00000	Professional	4,948	1,036	8,149	5,775	5,000
10	107	30041	00000	Telecommunications	4,176	4,096	4,572	5,000	5,500
10	107	30056	00000	Data Processing	31,227	28,564	25,231	33,000	35,000
10	107	30059	00000	Copier Click Charges	4,476	3,583	3,548	4,200	4,600
10	107	30062	00000	Medical - Physicals for Volunteers and Medical Supplies	79,096	80,476	84,402	87,500	90,000
10	107	30080	00000	Dues: Organizations	1,579	1,797	2,407	3,500	3,500
10	107	30084	00000	Staff Development	44,372	15,910	39,144	60,000	60,000
10	107	30090	00000	Commission Honoraria	-	1,100	900	1,200	1,200
10	107	30810	90910	Maint Rep Watershed Local USDA	-	-	328,103	-	-
10	107	33022	00000	Buildings/Grounds Maintenance	25,632	13,165	20,485	23,500	23,000
10	107	34043	00000	Electricity	9,318	8,928	10,207	8,800	9,200
10	107	34044	00000	Water/Sewer/Garbage	710	923	880	850	1,000
10	107	40027	00193	Safety Equipment - FEMA	-	-	654	-	-
10	107	40031	00000	Small Equipment	69,489	42,306	88,943	30,000	25,000
10	107	40031	00000	Small Equipment <b>New Hires</b>	-	-	-	-	12,000
10	107	40031	00000	Small Equipment - Turn Out	-	-	-	20,000	26,000
10	107	40031	00193	Small Equipment - FEMA	-	-	8,889	-	-
10	107	40031	02019	Small Equipment - 2019	-	-	39,877	-	-
10	107	40031	00000	Small Equipment - BountyLand	-	-	-	-	32,520
10	107	40032	00000	Operational	25,439	20,097	27,930	25,000	28,000
10	107	40032	00000	Operational BountyLand	-	-	-	-	2,354
10	107	40033	00000	Postage	317	242	17	700	200
10	107	40034	00000	Food	8,008	5,241	7,526	7,000	8,000
10	107	40045	00000	It Replacement Equipment/Software	725	5,089	5,055	3,000	4,000
10	107	40065	00000	Uniforms/Clothing	10,163	17,876	15,998	30,000	35,000
				SCBAs Lease Payment	-	-	-	-	153,000
10	107	80102	00000	Vehicle Maintenance	172,063	121,240	158,271	165,000	165,000
10	107	81102	00000	Gasoline	51,435	43,914	49,255	55,000	60,000
10	107	82102	00000	Diesel	11,598	7,925	5,047	8,000	8,000
10	107	95100	20202	OMH Ambulance Service	150,000	150,000	300,000	300,000	300,000
10	107	95100	20207	City of Seneca - Fire Contract	650,000	650,000	650,000	650,000	650,000
10	107	95100	20208	City of Walhalla Fire	300,000	300,000	300,000	300,000	300,000
10	107	95100	20209	City of Westminster Fire	285,000	285,000	285,000	285,000	285,000
10	107	95100	20210	Town of Salem Fire	200,000	200,000	200,000	200,000	200,000
10	107	99999	00000	Miscellaneous Grant Match	7,196	9,918	1,522	10,000	10,000
<b>Expenditure Total</b>					<b>2,166,238</b>	<b>2,035,925</b>	<b>2,685,557</b>	<b>2,340,025</b>	<b>2,558,074</b>
<b>Department Total</b>					<b>4,270,026</b>	<b>4,149,021</b>	<b>4,958,632</b>	<b>4,997,044</b>	<b>5,548,614</b>

**Oconee County, South Carolina  
Fire/Emergency Services (107)  
2022-2023 Budget**

Account Number	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
<b>Direct Revenue</b>						
<b>Departmental Total Direct Revenue</b>						
	<b>Other Revenue</b>	518,867	634,297	466,211	480,488	512,557
	<b>Cost in Tax Dollars</b>	3,751,159	3,514,724	4,492,420	4,516,556	5,036,057
	<b>Estimated Millage</b>	6.98	6.44	8.00	8.05	8.91
	<b>Percentage of General Fund Budget</b>	8.90%	8.48%	9.05%	8.72%	9.15%
	<b>Total Full Time Employees</b>	27	36	36	39	42

**Oconee County, South Carolina  
Health Department (403)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	403	30041	00000	Telecommunications	1,640	1,548	1,586	1,500	1,500
10	403	30062	00000	Medical	6,753	5,351	289	5,500	5,500
10	403	33022	00000	Building/Grounds Maintenance	2,602	3,363	3,861	4,000	3,000
10	403	34043	00000	Electricity	14,933	13,700	12,891	13,500	13,500
10	403	34044	00000	Water/Sewer/Garbage	1,428	1,879	2,475	1,500	1,500
10	403	40031	00000	Small Equipment	-	-	-	803	800
10	403	40032	00000	Operational	1,225	648	745	2,000	3,000
10	403	40033	00000	Postage	234	254	322	331	350
<b>Expenditure Total</b>					<b>28,815</b>	<b>26,743</b>	<b>22,169</b>	<b>29,134</b>	<b>29,150</b>
<b>Department Total</b>					<b>28,815</b>	<b>26,743</b>	<b>22,169</b>	<b>29,134</b>	<b>29,150</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Other Revenue</b>					3,501	-	-	-	-
<b>Cost in Tax Dollars</b>					25,314	26,743	22,169	29,134	29,150
<b>Estimated Millage</b>					0.05	0.05	0.04	0.05	0.05
<b>Percentage of General Fund Budget</b>					0.06%	0.05%	0.04%	0.05%	0.05%
<b>Total Full Time Employees</b>					-	-	-	-	-

**Oconee County, South Carolina  
Health and Human Services (705)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
				<b>Charity Medical:</b>					
10	705	60083	00000	Rosa Clark Medical Clinic	80,000	80,000	80,000	80,000	80,000
10	705	60583	00000	Medically Indigent Assistance	154,057	153,970	153,752	153,967	153,967
10	705	95100	20239	Helping Hands (Contract)	35,000	35,000	-	-	-
<b>Charity Medical Expenditure Total</b>					<b>269,057</b>	<b>268,970</b>	<b>233,752</b>	<b>233,967</b>	<b>233,967</b>
				<b>Direct Aid</b>					
10	705	95100	02041	CAT Bus System	60,000	60,000	60,000	60,000	60,000
10	705	95100	20205	OC Board of Disabilities and Special Needs	75,000	75,000	75,000	75,000	75,000
10	705	95100	20206	Anderson, Oconee, and Pickens Mental Health	60,000	60,000	60,000	60,000	60,000
10	705	95100	20216	Senior Solutions/Lake View Assisted	92,900	92,900	92,900	92,900	92,900
				<b>Oconee Support</b>	73,084	157,932	126,132	150,000	215,000
<b>Direct Aid Expenditure Total</b>					<b>360,984</b>	<b>445,832</b>	<b>414,032</b>	<b>437,900</b>	<b>502,900</b>
<b>Department Total</b>					<b>630,041</b>	<b>714,802</b>	<b>647,784</b>	<b>671,867</b>	<b>736,867</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Other Revenue</b>					76,559	109,278	60,905	64,603	68,069
<b>Cost in Tax Dollars</b>					553,482	605,524	586,879	607,264	668,798
<b>Estimated Millage</b>					1.03	1.11	1.05	1.08	1.18
<b>Percentage of General Fund Budget</b>					1.31%	1.46%	1.18%	1.17%	1.22%
<b>Total Full Time Employees</b>					-	-	-	-	-



**Oconee County, South Carolina  
High Falls Park (203)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	203	10110	00000	Salary and Wages	152,223	182,166	184,254	196,092	202,853
10	203	10710	00000	Overtime	7,860	7,186	8,987	9,500	8,500
10	203	20013	00000	Social Security	11,250	13,898	14,096	15,291	16,245
10	203	20014	00000	Retirement	22,929	27,731	30,143	33,100	37,173
10	203	20015	00000	Workers Compensation	7,018	8,027	9,219	7,834	10,482
10	203	20016	00000	Health Insurance	32,332	44,161	45,695	45,695	45,695
10	203	20027	00000	Dental	1,845	721	2,500	2,750	2,750
10	203	20028	00000	Vision	301	48	500	500	500
<b>Salary and Wage Totals</b>					<b>235,758</b>	<b>283,938</b>	<b>295,394</b>	<b>310,762</b>	<b>324,198</b>
10	203	30024	00000	Equipment Maintenance	80	192	691	700	700
10	203	30025	00000	Professional	51,115	51,967	53,837	50,098	50,098
10	203	30037	00000	Equipment Rental	-	2,990	3,698	-	-
10	203	30041	00000	Telecommunication (Lake Hartwell Ranger)	-	-	-	600	600
10	203	30059	00000	Copier Click Charges	552	445	298	1,000	500
10	203	33022	00000	Building/Grounds Maintenance	17,685	16,828	17,773	25,000	-
10	203	34042	00000	Gas and Fuel Oil	4,111	2,093	5,081	4,150	4,150
10	203	34043	00000	Electricity	33,017	28,636	42,345	33,000	33,000
10	203	34044	00000	Water/Sewer/Garbage	3,403	2,888	2,854	3,000	5,000
10	203	40027	00000	Safety Equipment (swim area)	418	-	672	1,000	1,000
10	203	40031	00000	Small Equipment	2,037	3,410	1,891	2,000	2,000
10	203	40032	00000	Operational	9,214	12,915	18,842	14,000	14,000
10	203	40034	00000	Food	-	122	56	200	200
10	203	40045	00000	IT Replacement/Software	1,057	-	-	500	500
10	203	40065	00000	Uniforms/Clothing	760	2,091	1,599	2,250	2,250
10	203	40832	00000	Concessions	4,831	5,453	7,294	5,000	10,000
10	203	60735	00000	General Gravel Use	289	11,263	752	5,000	5,000
<b>Expenditure Total</b>					<b>128,569</b>	<b>141,293</b>	<b>157,683</b>	<b>147,498</b>	<b>128,998</b>
<b>Department Total</b>					<b>364,327</b>	<b>425,231</b>	<b>453,077</b>	<b>458,260</b>	<b>453,196</b>
<b>Direct Revenue</b>									
10	80	805	00203	High Falls Park	159,938	131,234	220,987	150,000	225,000
10	80	805	62051	Fairplay Recreation Area	5,138	5,150	3,787	5,500	3,500
10	80	805	62052	Lawrence Bridge Recreation Area	5,018	4,463	3,505	4,500	3,500
10	80	805	62053	Mullins Ford	603	273	445	500	500
10	80	805	62054	Choestoea Landing	1,569	1,062	1,721	1,600	1,600
10	80	805	62055	Port Bass Landing	39	10	-	-	-
10	80	805	62056	Seneca Creek Landing	2,826	3,220	2,543	3,000	2,500
10	80	805	62057	South union Landing	859	901	487	1,000	500
<b>Departmental Total Direct Revenue</b>					<b>159,938</b>	<b>131,234</b>	<b>220,987</b>	<b>150,000</b>	<b>225,000</b>
<b>Other Revenue</b>					44,271	65,009	42,598	44,064	41,864
<b>Cost in Tax Dollars</b>					160,118	228,988	189,492	264,196	186,332
<b>Estimated Millage</b>					0.30	0.42	0.34	0.47	0.33
<b>Percentage of General Fund Budget</b>					0.76%	0.87%	0.83%	0.80%	0.75%
<b>Total Full Time Employees</b>					4	5	5	5	5

**Oconee County, South Carolina  
Human Resources (710)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	710	10110	00000	Salary and Wages	167,363	172,565	176,965	186,034	240,253
10	710	10710	00000	Overtime	303	175	-	1,000	500
10	710	20013	00000	Social Security	11,845	11,928	12,321	13,650	18,456
10	710	20014	00000	Retirement	24,409	25,166	27,425	29,549	42,364
10	710	20015	00000	Workers Compensation	1,151	1,702	1,987	1,151	1,586
10	710	20016	00000	Health Insurance	29,024	29,291	27,417	27,417	36,556
10	710	20027	00000	Dental	1,576	287	1,650	1,650	2,200
10	710	20028	00000	Vision	257	22	300	300	400
<b>Salary and Wage Totals</b>					<b>235,928</b>	<b>241,136</b>	<b>248,065</b>	<b>260,751</b>	<b>342,315</b>
10	710	30018	00000	Travel	457	553	-	200	200
10	710	30025	00000	Professional	3,599	2,969	6,935	3,500	4,000
10	710	30041	00000	Telecommunications	720	360	-	720	-
10	710	30056	00000	Data Processing	-	-	-	17,000	-
10	710	30059	00000	Copies	1,500	1,291	1,219	3,000	2,500
10	710	30062	00000	Medical	53,556	60,248	66,372	48,500	60,000
10	710	30080	00000	Dues: Organizations	418	259	538	460	460
10	710	30084	00000	Staff Development	2,283	1,453	1,840	3,500	3,000
10	710	40027	00000	Safety Equipment	1,545	2,556	3,355	5,000	3,500
10	710	40031	00000	Small Equipment	339	3,184	3,033	1,250	1,250
10	710	40032	00000	Operational	2,638	1,679	2,672	6,000	3,500
10	710	40034	00000	Food	-	7	-	200	200
10	710	40045	00000	IT Replacement Equipment/Software	-	2,395	-	1,500	1,500
10	710	40102	00000	Periodicals	1,335	1,101	935	1,392	1,392
10	710	80747	00000	Vehicle Maintenance	-	157	-	-	-
10	710	81747	00000	Gasoline	74	54	91	-	-
<b>Expenditure Total</b>					<b>68,464</b>	<b>78,266</b>	<b>86,990</b>	<b>92,222</b>	<b>81,502</b>
<b>Department Total</b>					<b>304,392</b>	<b>319,402</b>	<b>335,055</b>	<b>352,973</b>	<b>423,817</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Revenue</b>					36,988	48,830	31,502	33,940	39,150
<b>Cost in Tax Dollars</b>					267,404	270,572	303,553	319,033	384,667
<b>Estimated Millage</b>					0.50	0.50	0.54	0.57	0.68
<b>Percentage of General Fund Budget</b>					0.63%	0.65%	0.61%	0.62%	0.70%
<b>Total Full Time Employees</b>					3	3	3	3	4

**Oconee County, South Carolina  
Information Technology (711)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	711	10110	00000	Salary and Wages	235,402	293,166	339,235	396,515	421,125
10	711	20013	00000	Social Security	17,543	21,206	24,611	29,314	32,217
10	711	20014	00000	Retirement	34,727	42,357	52,215	63,456	73,850
10	711	20015	00000	Workers Compensation	2,741	2,501	3,017	2,643	3,386
10	711	20016	00000	Health Insurance	42,591	46,629	54,834	63,973	63,973
10	711	20027	00000	Dental	2,141	619	3,300	3,850	3,850
10	711	20028	00000	Vision	349	14	600	700	700
<b>Salary and Wage Totals</b>					<b>335,494</b>	<b>406,492</b>	<b>477,812</b>	<b>560,451</b>	<b>599,101</b>
10	711	30024	00000	Equipment Maintenance	134,313	76,966	52,522	75,000	124,000
10	711	30024	00073	Equipment Maintenance - GIS	50,000	50,000	50,000	59,000	59,000
10	711	30025	00000	Professional	31,491	32,706	17,151	30,000	20,000
10	711	30025	00073	Professional - GIS	6,000	6,000	11,073	10,000	10,000
10	711	30025	00371	Professional-Website	20,000	24,000	24,000	24,000	24,000
10	711	30037	00000	Equipment - Leased/Rented	40,630	40,630	40,630	40,700	78,000
10	711	30041	00000	Telecommunications	144,561	139,683	147,482	148,000	148,000
10	711	30056	00000	Data Processing	9,433	88,878	41,474	52,800	65,000
10	711	30059	00000	Copier Click Charges	586	344	250	300	300
10	711	30080	00000	Dues: Organizations	-	-	-	300	-
10	711	30084	00000	Staff Development	1,905	-	-	5,000	2,500
10	711	40031	00000	Small Equipment	43,918	9,342	31,108	10,000	10,000
10	711	40031	00073	Small Equipment - GIS	-	-	-	1,500	1,500
10	711	40032	00000	Operational	3,234	2,434	3,968	3,500	4,000
10	711	40045	00000	IT Replacement EQ/Software (All Dept)	43,935	27,549	7,071	45,000	60,000
10	711	80711	00000	Vehicle Maintenance	1,016	508	414	1,500	2,000
10	711	81711	00000	Gasoline	1,879	2,129	2,032	3,500	4,000
<b>Expenditure Total</b>					<b>532,901</b>	<b>501,169</b>	<b>429,175</b>	<b>510,100</b>	<b>612,300</b>
<b>Department Total</b>					<b>868,395</b>	<b>907,661</b>	<b>906,987</b>	<b>1,070,551</b>	<b>1,211,401</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Revenue</b>					105,522	138,762	85,275	102,938	111,904
<b>Cost in Tax Dollars</b>					762,873	768,899	821,712	967,613	1,099,497
<b>Estimated Millage</b>					1.42	1.41	1.46	1.72	1.94
<b>Percentage of General Fund Budget</b>					1.81%	1.85%	1.66%	1.87%	2.00%
<b>Total Full Time Employees</b>					6	5	5	6	6

**Oconee County, South Carolina  
Legislative Delegation (706)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	706	10110	00000	<b>Salary and Wages</b>	53,351	55,912	56,559	58,695	62,217
10	706	20013	00000	<b>Social Security</b>	3,977	4,207	4,275	4,359	4,759
10	706	20014	00000	<b>Retirement</b>	7,762	8,155	8,759	9,437	10,925
10	706	20015	00000	<b>Workers Compensation</b>	172	1,383	1,619	169	217
10	706	20016	00000	<b>Health Insurance</b>	9,756	11,341	9,139	9,139	9,139
10	706	20027	00000	<b>Dental</b>	525	39	500	550	550
10	706	20028	00000	<b>Vision</b>	62	16	100	100	100
<b>Salary and Wage Totals</b>					<b>75,605</b>	<b>81,053</b>	<b>80,951</b>	<b>82,449</b>	<b>87,907</b>
10	706	30018	00000	<b>Travel</b>	498	509	-	800	800
10	706	30059	00000	<b>Copier Click Charges</b>	575	1,081	990	750	750
10	706	30071	00000	<b>Rent</b>	11,400	11,400	11,400	11,400	11,400
10	706	40031	00000	<b>Small Equipment</b>	-	-	-	500	500
10	706	40032	00000	<b>Operational</b>	1,070	496	1,564	1,800	1,500
10	706	40033	00000	<b>Postage</b>	-	38	-	400	100
<b>Expenditure Total</b>					<b>13,543</b>	<b>13,524</b>	<b>13,954</b>	<b>15,650</b>	<b>15,050</b>
<b>Department Total</b>					<b>89,148</b>	<b>94,577</b>	<b>94,905</b>	<b>98,099</b>	<b>102,957</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Revenue</b>					10,833	14,459	8,923	9,433	9,511
<b>Cost in Tax Dollars</b>					78,315	80,118	85,982	88,666	93,446
<b>Estimated Millage</b>					0.03	0.03	0.03	0.02	0.02
<b>Percentage of General Fund Budget</b>					0.19%	0.19%	0.17%	0.17%	0.17%
<b>Total Full Time Employees</b>					1	1	1	1	1

**Oconee County, South Carolina  
Library (206)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	206	10110	00000	Salary and Wages	658,324	665,933	673,847	749,983	786,981
10	206	10710	00000	Overtime	194	121	-	200	-
10	206	20013	00000	Social Security	47,925	48,525	48,941	55,361	60,204
10	206	20014	00000	Retirement	95,591	97,321	104,386	119,840	138,194
10	206	20015	00000	Workers Compensation	7,979	7,794	9,054	5,338	4,202
10	206	20016	00000	Health Insurance	184,400	189,663	173,641	173,641	173,641
10	206	20027	00000	Dental	7,353	4,441	10,450	10,450	10,450
10	206	20028	00000	Vision	1,283	201	1,900	1,900	1,900
<b>Salary and Wage Totals</b>					<b>1,003,049</b>	<b>1,013,999</b>	<b>1,022,219</b>	<b>1,116,713</b>	<b>1,175,572</b>
10	206	30024	00000	Equipment Maintenance	2,470	2,470	2,500	2,500	2,500
10	206	30025	00000	Professional	109,551	110,058	111,624	110,000	140,000
10	206	30041	00000	Telecommunications	836	912	912	1,000	1,000
10	206	30056	00000	Data Processing	27,685	26,216	27,716	28,405	28,817
10	206	30059	00000	Copier Click Charges	7,885	6,257	6,089	10,000	8,500
10	206	30068	00000	Advertising	450	-	-	-	-
10	206	30080	00000	Dues: Organizations	750	750	729	750	750
10	206	30084	00000	Staff Development	3,158	3,282	-	3,300	3,000
10	206	30090	00000	Commission Honoraria	900	900	900	900	900
10	206	33022	00207	Building/Grounds Maintenance - Walhalla	6,510	6,467	3,677	7,000	5,500
10	206	33022	00208	Building/Grounds Maintenance - Seneca	5,743	3,294	2,554	3,600	3,500
10	206	33022	00209	Building/Grounds Maintenance - Westminster	1,844	3,184	2,034	2,500	2,500
10	206	33022	00210	Building/Grounds Maintenance - Salem	1,730	2,121	4,235	2,020	2,020
10	206	34043	00207	Electricity - Walhalla	30,045	23,932	21,713	27,000	25,000
10	206	34043	00208	Electricity - Seneca	14,093	14,342	12,819	17,000	16,000
10	206	34043	00209	Electricity - Westminster	13,678	14,346	13,274	15,500	15,500
10	206	34043	00210	Electricity - Salem	5,000	5,000	5,000	5,000	5,000
10	206	34044	00207	Water/Sewer/Garbage - Walhalla	1,528	1,647	1,545	1,400	1,700
10	206	34044	00208	Water/Sewer/Garbage - Seneca	902	917	952	1,000	1,200
10	206	34044	00209	Water/Sewer/Garbage - Westminster	468	614	919	1,000	1,200
10	206	40031	00000	Small Equipment	4,750	2,894	5,300	2,800	2,800
10	206	40032	00000	Operational	7,310	8,943	11,207	8,000	8,000
10	206	40033	00000	Postage	450	347	667	1,000	500
10	206	40034	00000	Food	229	155	500	500	500
10	206	40101	00000	Books	83,095	85,573	85,732	88,000	85,000
10	206	40102	00000	Periodicals	21,630	22,200	22,197	22,200	22,200
10	206	40103	00000	Audio Visual	10,500	11,299	11,206	11,300	11,300
10	206	80206	00000	Vehicle Maintenance	1,211	886	1,988	1,500	1,500
10	206	81206	00000	Gasoline	2,324	2,091	2,315	2,500	3,000
10	206	82206	00000	Diesel	2,115	1,474	860	1,500	2,000
<b>Expenditure Total</b>					<b>368,840</b>	<b>362,571</b>	<b>361,164</b>	<b>379,175</b>	<b>401,387</b>
<b>Department Total</b>					<b>1,371,889</b>	<b>1,376,570</b>	<b>1,383,383</b>	<b>1,495,888</b>	<b>1,576,959</b>

**Oconee County, South Carolina  
Library (206)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
<b>Direct Revenue</b>									
10	80	805	11000	Library Fines and Fees	29,214	18,776	11,610	20,000	15,000
<b>Departmental Total Direct Revenue</b>					<b>29,214</b>	<b>18,776</b>	<b>11,610</b>	<b>20,000</b>	<b>15,000</b>
<b>Other Revenue</b>					166,703	210,448	130,066	143,836	145,673
<b>Cost in Tax Dollars</b>					1,175,972	1,147,346	1,241,707	1,332,052	1,416,286
<b>Estimated Millage</b>					2.19	2.10	2.21	2.37	2.50
<b>Percentage of General Fund Budget</b>					2.86%	2.81%	2.52%	2.61%	2.60%
<b>Total Full Time Employees</b>					19	19	19	19	19

Description		FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Approved 6/22/2021	FY 2023 Administrator Recommended
<b>Maintenance of Effort</b>		1,371,889	1,376,570	1,383,383	1,495,888	1,576,959
				11,494	119,318	193,576
<b>No one time capital is to be included in totals.</b>						

**Oconee County, South Carolina  
Magistrate (509)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	509	10110	00000	Salary and Wages	491,976	496,130	523,121	599,247	627,809
10	509	10710	00000	Overtime	566	257	577	3,500	500
10	509	20013	00000	Social Security	35,980	37,339	38,161	39,576	42,941
10	509	20014	00000	Retirement	79,553	83,010	88,854	92,977	105,885
10	509	20015	00000	Workers Compensation	4,353	3,753	3,934	7,942	9,794
10	509	20016	00000	Health Insurance	87,547	93,649	82,252	82,251	82,251
10	509	20027	00000	Dental	4,727	860	4,950	4,950	4,950
10	509	20028	00000	Vision	770	67	900	900	900
<b>Salary and Wage Totals</b>					<b>705,472</b>	<b>715,065</b>	<b>742,749</b>	<b>831,343</b>	<b>875,030</b>
10	509	30018	00000	Travel	-	346	-	400	400
10	509	30026	00000	Court Expenditures	10,196	5,784	2,280	17,500	15,000
10	509	30041	00000	Telecommunications	1,090	342	-	720	500
10	509	30056	00000	Data Processing	25,000	25,000	25,000	25,000	25,000
10	509	30059	00000	Copier Click Charges	5,580	3,952	4,167	5,500	5,500
10	509	30071	00000	Rent	21,780	23,760	23,760	21,600	23,760
10	509	30080	00000	Dues: Organizations	255	585	325	800	600
10	509	30084	00000	Staff Development	1,406	3,406	-	3,000	3,000
10	509	33022	00000	Building/Grounds Maintenance	9,953	1,780	1,462	15,000	10,000
10	509	34042	00000	Gas and Fuel Oil - Walhalla	720	559	540	1,200	1,000
10	509	34043	00000	Electricity	11,277	8,800	8,822	12,500	12,000
10	509	34044	00000	Water/Sewer/Garbage - Seneca	356	662	973	250	1,000
10	509	40031	00000	Small Equipment	376	915	-	3,500	2,500
10	509	40032	00000	Operational	5,179	3,839	4,505	5,500	5,500
10	509	40034	00000	Food	92	17	139	500	500
10	509	40045	00000	IT Replacement Equipment/Software	2,805	3,104	99	5,000	5,000
10	509	80509	00000	Vehicle Maintenance	389	445	17	1,500	1,500
10	509	81509	00000	Gasoline	795	710	668	2,800	2,000
<b>Expenditure Total</b>					<b>97,249</b>	<b>84,005</b>	<b>72,757</b>	<b>122,270</b>	<b>114,760</b>
<b>Department Total</b>					<b>802,721</b>	<b>799,070</b>	<b>815,506</b>	<b>953,613</b>	<b>989,790</b>
<b>Direct Revenue</b>									
10	80	805	16001	Magistrate Fines	226,586	227,101	239,193	220,000	220,000
10	80	805	16002	Magistrate Court Fees	1,019	1,420	1,371	1,000	-
10	80	805	16003	Magistrate Civil Paper Fees	100,585	92,008	85,401	85,000	85,000
10	80	805	16004	25% Boating Fines Retained	647	689	1,049	1,100	1,100
10	80	805	16016	Liter Fines (90% GF)	896	2,630	1,004	1,500	1,500
10	80	805	16030	Magistrate Collection Cost	2,439	2,451	2,631	2,500	2,500
<b>Departmental Total Direct Revenue</b>					<b>226,586</b>	<b>227,101</b>	<b>239,193</b>	<b>220,000</b>	<b>220,000</b>
<b>Other Revenue</b>					97,542	122,161	76,674	91,694	91,433
<b>Cost in Tax Dollars</b>					478,593	449,808	499,639	641,919	678,357
<b>Estimated Millage</b>					0.89	0.82	0.89	1.14	1.20
<b>Percentage of General Fund Budget</b>					1.67%	1.63%	1.49%	1.66%	1.63%
<b>Total Full Time Employees</b>					9	9	9	9	9

**Oconee County, South Carolina  
Non-Departmental (709)  
2022-2023 Budget**

Account Number	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10 709 20013 00000	Misc Social Security	-	922	-	-	-
10 709 20014 00000	Retirement Reimb	-	(372,676)	-	-	-
10 709 20015 00000	Workers Compensation	-	-	(169,871)	-	-
10 709 20016 00000	Health Insurance - Overage	429,500	-	1,239,293	-	-
10 709 20029 00000	Retiree Health Stipend	-	179,230	176,521	150,000	150,000
10 709 20032 00000	Pcori Fee	-	2,720	2,846	-	-
10 709 30025 00000	Professional	6,156	-	-	-	-
10 709 30025 00025	Professional Quarterly Shred	-	-	-	7,000	5,000
10 709 30037 00000	Mail Machine	4,594	4,594	4,594	5,000	5,000
10 709 30041 00000	Telecommunications	125,496	142,679	154,224	160,000	150,000
10 709 30066 00000	P & L Insurance	834,958	951,863	1,164,487	1,200,000	1,200,000
10 709 30068 00000	Advertising	4,060	250,208	243,140	225,000	225,000
10 709 30780 00000	Unemployment	7,881	7,957	13,101	10,000	15,000
10 709 40027 00019	Community Safety	-	-	65,549	150,000	100,000
10 709 40031 00000	Non Capital Equipment	2,497	500	1,587	-	-
10 709 40032 00000	Operational	443	14	469	-	-
10 709 40033 00000	Postage	91,032	61,664	51,356	70,000	60,000
10 709 30025 00017	Health Clinic at Pine Street	-	35,577	17,193	45,000	25,000
10 709 50840 00106	Pine Street Security Implementation	-	-	-	133,822	-
10 709 XXXXX 00190	Covid 19	-	134,773	247,862	-	-
10 709 XXXXX 00191	Tornado	-	90,415	77,634	-	-
10 709 XXXXX 00192	Flood Event	-	47,905	109,473	-	-
		<b>1,506,617</b>	<b>1,538,345</b>	<b>3,399,458</b>	<b>2,155,822</b>	<b>1,935,000</b>

Debt Service						
10 709 55100 02015	2015 Lease-Principal Payoff 10/01/2020 \$4,200,000 Last Payment FY 20/21 10/01/2020 \$866,278.65	839,540	870,995	848,088	-	-
10 709 55200 02015	2015 Lease-Interest Payoff 10/01/2020 \$4,200,000	40,426	21,123	19,519	-	-
10 709 55100 02018	Principal Payment - 2018 BB&T Capital Lease Last Payment FY 23/24 06/01/2024 \$365,000	55,306	57,968	59,765	57,968	63,528
10 709 55200 02018	Interest Payment - 2018 BB&T Capital Lease	12,222	-	7,763	9,560	4,000
10 709 55300 02018	Issuance Cost - 2018 Capital Lease Purchase	-	-	-	-	-
10 709 55100 02019	2019 Lease - Principal BB&T Payoff 11/22/2024 2.2M	-	-	422,833	422,833	439,829
10 709 55200 02019	2019 Lease - Interest BB&T	-	9,560	43,780	43,780	26,784
10 709 55300 02019	Issuance Cost - 2019 Capital Lease Purchase	-	23,000.00	-	-	-
10 709 55100 02020	2020 Lease - Principal JCI - TD Equip Finance - Pay off 01/01/2036	-	-	-	157,357	158,572
10 709 55200 02020	2020 Lease - Interest - TD Equip Finance	-	-	-	47,044	49,861
10 709 55300 02020	2020 Lease - Issuance Cost	-	-	-	-	-
	<b>Expenditure Total</b>	<b>947,494</b>	<b>982,646</b>	<b>1,401,748</b>	<b>738,542</b>	<b>742,574</b>
	<b>Department Total</b>	<b>2,454,111</b>	<b>2,520,991</b>	<b>4,801,206</b>	<b>2,894,364</b>	<b>2,677,574</b>



**Oconee County, South Carolina  
Non-Departmental (709)  
2022-2023 Budget**

Direct Revenue					
<b>Departmental Total Direct Revenue</b>	-	-	-	-	-
<b>Other Revenue</b>	298,208	385,406	451,410	278,306	247,343
<b>Cost in Tax Dollars</b>	2,155,903	2,135,585	4,349,796	2,616,058	2,430,231
<b>Estimated Millage</b>	4.01	3.91	7.75	4.66	4.30
<b>Percentage of General Fund Budget</b>	5.11%	5.15%	8.76%	5.05%	4.42%
<b>Total Full Time Employees</b>	-	-	-	-	-

**Oconee County, South Carolina  
Parks, Recreation, and Tourism (202)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	202	10110	00000	Salary and Wages	156,029	165,634	163,803	303,462	391,670
10	202	10710	00000	Overtime	1,757	634	161	-	-
10	202	20013	00000	Social Security	11,027	11,524	11,454	22,539	29,963
10	202	20014	00000	Retirement	23,047	23,078	25,382	48,790	68,638
10	202	20015	00000	Workers Compensation	7,616	7,591	8,899	5,862	7,485
10	202	20016	00000	Health Insurance	29,993	32,577	45,695	45,695	63,973
10	202	20027	00000	Dental	2,626	478	2,750	2,750	3,850
10	202	20028	00000	Vision	427	53	500	500	700
<b>Salary and Wage Totals</b>					<b>232,522</b>	<b>241,569</b>	<b>258,644</b>	<b>429,598</b>	<b>566,279</b>
10	202	30059	00000	Copier Click Charges	1,642	1,406	787	1,500	1,500
10	202	30068	00000	Advertising	3,198	159	-	-	-
10	202	30080	00000	Dues: Organizations	1,000	1,096	1,255	1,175	1,175
10	202	30084	00000	Staff Development	6,676	6,901	3,723	7,000	7,000
10	202	30090	00000	Commission Honoraria	700	700	700	700	700
10	202	30901	00000	Recreation - District 1	10,000	30,000	30,000	30,000	50,000
10	202	30902	00000	Recreation - District 2	10,000	30,000	30,000	30,000	50,000
10	202	30903	00000	Recreation - District 3	10,000	30,000	30,000	30,000	50,000
10	202	30904	00000	Recreation - District 4	10,000	30,000	30,000	30,000	50,000
10	202	30905	00000	Recreation - District 5	22,500	30,000	30,000	30,000	50,000
10	202	34043	62051	Electricity - Fairplay Rec Area	949	1,096	968	1,400	1,400
10	202	34043	62052	Electricity - Lawrence Br. Rec Area	508	662	604	1,000	1,000
10	202	34043	62053	Electricity - Mullins Ford Landing	1,330	1,443	1,374	1,500	1,500
10	202	34043	62058	Electricity-Friendship Rec Area	-	-	272	1,400	1,400
10	202	34044	62051	Water/Sewer - Fairplay Rec Area	539	740	615	600	600
10	202	34044	62052	Water/Sewer-Lawrence Bridge Rec	359	321	339	600	600
10	202	34044	62058	Water/Sewer-Friendship Rec Area	-	-	184	600	600
10	202	40027	00000	Safety Equipment	2,696	3,420	2,533	3,050	3,050
10	202	40031	00000	Small Equipment	925	477	1,000	1,000	1,000
10	202	40032	00000	Operational	3,895	1,127	2,263	4,000	3,500
10	202	40034	00000	Food	197	198	61	200	200
10	202	40065	00000	Uniforms/Clothing	335	254	242	400	400
10	202	40102	00000	Magazines/Newspapers	130	-	-	-	-
10	202	60735	00000	General Gravel Use	295	2,269	224	4,000	4,000
10	202	80202	00000	Vehicle Maintenance	13,821	20,728	17,189	13,000	13,000
10	202	81202	00000	Gasoline	17,104	14,283	15,660	20,000	20,000
10	202	82202	00000	Diesel	712	841	393	1,100	1,100
10	202	95100	20221	Visit Oconee	85,000	85,000	85,000	85,000	75,000
10	202	95100	20223	Foothills YMCA	2,500	2,500	2,500	2,500	2,500
10	202	95100	20228	Oconee Heritage Center Museum	30,000	35,000	35,000	35,000	5,000
10	202	95100	20234	Arts and Historical Commission	7,500	4,143	6,000	7,500	7,500
10	202	99999	00000	Miscellaneous Grant Match	5,316	-	-	5,000	-
<b>Expenditure Total</b>					<b>249,827</b>	<b>334,764</b>	<b>328,886</b>	<b>349,225</b>	<b>403,725</b>
<b>Department Total</b>					<b>482,349</b>	<b>576,333</b>	<b>587,530</b>	<b>778,823</b>	<b>970,004</b>

**Oconee County, South Carolina  
Parks, Recreation, and Tourism (202)  
2022-2023 Budget**

Account Number	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
<b>Direct Revenue</b>						
<b>Departmental Total Direct Revenue</b>						
	<b>Other Revenue</b>	58,612	88,109	55,240	74,887	89,605
	<b>Cost in Tax Dollars</b>	423,737	488,224	532,290	703,936	880,399
	<b>Estimated Millage</b>	0.79	0.89	0.95	1.25	1.56
	<b>Percentage of General Fund Budget</b>	1.01%	1.18%	1.07%	1.36%	1.60%
	<b>Total Full Time Employees</b>	5	5	5	5	7

**Oconee County, South Carolina  
Planning Department (712)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	702	10110	00000	Salary and Wages	70,211	161,895	144,675	197,456	214,786
10	702	10710	00000	Overtime	37	306	54	-	-
10	702	20013	00000	Social Security	4,802	11,712	10,693	14,665	16,431
10	702	20014	00000	Retirement	9,486	23,642	22,698	31,746	37,946
10	702	20015	00000	Workers Compensation	1,574	3,886	3,192	5,052	6,303
10	702	20016	00000	Health Insurance	13,651	32,477	36,556	36,556	36,556
10	702	20027	00000	Dental	685	933	2,200	2,200	2,200
10	702	20028	00000	Vision	112	83	400	400	400
<b>Salary and Wage Totals</b>					<b>100,558</b>	<b>234,934</b>	<b>220,468</b>	<b>288,075</b>	<b>314,622</b>
10	712	30025	00000	Professional	600	37,087	1,775	75,000	100,000
10	712	30056	00000	Data Processing	-	1,625	-	5,000	3,000
10	712	30059	00000	Copies	-	2,318	959	1,200	1,200
10	712	30080	00000	Dues: Organizations	-	838	366	1,700	1,000
10	712	30084	00000	Staff Development	-	912	99	2,200	5,000
10	712	30090	00000	Commission Honoraria	-	4,600	3,425	6,000	5,000
10	712	40027	00000	Safety Equipment	-	105	222	3,500	1,000
10	712	40031	00000	Non-Cap Equipment	-	650	318	500	1,500
10	712	40032	00000	Operational	-	2,069	868	3,500	3,500
10	712	40034	00000	Food	-	-	37	1,000	250
10	712	40045	00000	IT Replacement Equipment/Software	-	896	-	3,000	2,000
10	712	40065	00000	Clothing/Uniforms	-	-	528	-	500
10	712	80702	00000	Vehicle Maintenance	-	93	405	2,000	2,000
10	712	81702	00000	Gasoline	-	578	604	2,000	4,000
<b>Expenditure Total</b>					<b>600</b>	<b>51,771</b>	<b>9,606</b>	<b>106,600</b>	<b>129,950</b>
<b>Department Total</b>					<b>101,158</b>	<b>286,705</b>	<b>230,074</b>	<b>394,675</b>	<b>444,572</b>
<b>Direct Revenue</b>									
10	80	805	13724	Land Use Appeals - Planning	900	800	2,850	2,500	2,500
10	80	805	13753	Zoning Permit Fees	21,069	21,775	25,035	20,000	25,000
<b>Departmental Total Direct Revenue</b>					<b>21,969</b>	<b>22,575</b>	<b>27,885</b>	<b>22,500</b>	<b>27,500</b>
<b>Other Revenue</b>					12,292	43,831	21,632	37,950	41,068
<b>Cost in Tax Dollars</b>					66,897	220,299	180,557	334,225	376,004
<b>Estimated Millage</b>					0.12	0.40	0.32	0.60	0.66
<b>Percentage of General Fund Budget</b>					0.21%	0.59%	0.42%	0.69%	0.73%
<b>Total Full Time Employees</b>					-	4	4	4	4

**Oconee County, South Carolina  
Probate Court (502)  
2022-2023 Budget**

Account Number	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10 502 10110 00000	Salary and Wages	217,153	227,148	225,827	235,766	232,963
10 502 10710 00000	Overtime	919	1,105	-	500	-
10 502 20013 00000	Social Security	15,751	16,428	16,204	17,549	17,860
10 502 20014 00000	Retirement	31,807	33,984	36,830	37,988	40,997
10 502 20015 00000	Workers Compensation	2,379	2,493	2,799	2,342	2,805
10 502 20016 00000	Health Insurance	45,692	47,861	45,695	45,695	45,695
10 502 20027 00000	Dental	2,467	1,003	2,750	2,750	2,750
10 502 20028 00000	Vision	402	48	500	500	500
<b>Salary and Wage Totals</b>		<b>316,570</b>	<b>330,070</b>	<b>330,605</b>	<b>343,090</b>	<b>343,570</b>
10 502 30024 00000	Equipment Maintenance	2,400	2,400	2,400	2,400	2,400
10 502 30025 00000	Professional	6,855	-	9,037	15,000	10,000
10 502 30026 00000	Court Expenditures	21,809	1,249	727	5,000	5,000
10 502 30041 00000	Telecommunications	450	450	-	-	400
10 502 30059 00000	Copier Click Charges	2,805	2,758	2,116	3,600	3,600
10 502 30080 00000	Dues: Organizations	410	680	275	450	800
10 502 30084 00000	Staff Development	4,909	2,826	1,638	3,300	3,300
10 502 40031 00000	Small Equipment	391	3,039	1,362	1,400	1,400
10 502 40032 00000	Operational	5,236	8,419	10,820	8,000	8,000
10 502 40034 00000	Food	59	69	505	100	100
10 502 40045 00000	IT Replacement Equipment/Software	-	1,348	-	-	1,500
10 502 80502 00000	Vehicle Maintenance Probate Judge	293	44	349	800	800
10 502 81502 00000	Gasoline Probate Court	660	451	311	800	800
<b>Expenditure Total</b>		<b>46,277</b>	<b>23,733</b>	<b>29,540</b>	<b>40,850</b>	<b>38,100</b>
<b>Department Total</b>		<b>362,847</b>	<b>353,803</b>	<b>360,145</b>	<b>383,940</b>	<b>381,670</b>
<b>Direct Revenue</b>						
10 080 00805 12301	Probate Judge Estates	141,643	143,921	179,141	135,000	150,000
10 080 00805 12302	Probate Judge Advertising	19,630	68,063	151,792	100,000	150,000
10 080 00805 12304	Probate Judge Marriage Licenses	7,652	7,318	10,813	8,500	10,000
10 080 00805 12305	Probate Judge Returns	300	310	350	100	100
10 080 00805 12306	Miscellaneous - Probate Judge	20,553	17,822	15,420	17,000	15,000
10 080 00805 12307	Probate Judge Marriage Certificates	5,385	5,700	5,283	5,500	5,500
10 080 00805 12308	Probate Judge Marriage Ceremony	5,717	5,060	3,550	4,000	3,500
10 080 00805 22300	Probate Judge Supplement	1,575	1,575	1,575	1,576	1,576
<b>Departmental Total Direct Revenue</b>		<b>202,455</b>	<b>249,769</b>	<b>367,924</b>	<b>271,676</b>	<b>335,676</b>
<b>Other Revenue</b>		44,091	54,089	33,861	36,918	35,257
<b>Cost in Tax Dollars</b>		116,301	49,945	(41,640)	75,346	10,737
<b>Estimated Millage</b>		0.22	0.09	-0.07	0.13	0.02
<b>Percentage of General Fund Budget</b>		0.76%	0.72%	0.66%	0.67%	0.63%
<b>Total Full Time Employees</b>		5	5	5	5	5

**Oconee County, South Carolina  
Procurement (713)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	713	10110	00000	Salary and Wages	100,997	99,057	104,918	113,220	153,203
10	713	10710	00000	Overtime	52	112	27	-	-
10	713	20013	00000	Social Security	7,397	7,063	7,524	8,184	11,720
10	713	20014	00000	Retirement	14,821	14,450	16,197	17,716	26,902
10	713	20015	00000	Workers Compensation	968	318	372	318	536
10	713	20016	00000	Health Insurance	16,642	18,351	18,278	18,278	27,417
10	713	20027	00000	Dental	727	716	1,100	1,100	1,650
10	713	20028	00000	Vision	118	71	200	200	300
<b>Salary and Wage Totals</b>					<b>141,722</b>	<b>140,138</b>	<b>148,616</b>	<b>159,016</b>	<b>221,728</b>
10	713	30018	00000	Travel	730	439	-	600	500
10	713	30056	00000	Data Processing	535	550	11,075	11,100	12,500
10	713	30059	00000	Copier Click Charges	810	1,378	2,515	1,500	1,800
10	713	30068	00000	Advertising	466	-	-	800	-
10	713	30080	00000	Dues: Organizations	343	1,737	1,737	1,800	1,800
10	713	30084	00000	Staff Development	2,821	1,885	1,083	4,500	4,500
10	713	40031	00000	Small Equipment	2,011	1,311	2,118	1,000	2,000
10	713	40032	00000	Operational	1,109	1,060	1,327	2,500	2,500
10	713	40034	00000	Food	802	-	-	-	-
10	713	40045	00000	IT Replacement Equipment/Software	-	2,521	-	-	2,500
10	713	40065	00000	Clothing/Uniforms			200		400
10	713	40102	00000	Subscription		-	150	150	150
<b>Expenditure Total</b>					<b>9,627</b>	<b>10,881</b>	<b>20,205</b>	<b>23,950</b>	<b>28,650</b>
<b>Department Total</b>					<b>151,349</b>	<b>151,019</b>	<b>168,821</b>	<b>182,966</b>	<b>250,378</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Revenue</b>					<b>18,391</b>	<b>23,088</b>	<b>15,873</b>	<b>17,593</b>	<b>23,129</b>
<b>Cost in Tax Dollars</b>					<b>132,958</b>	<b>127,931</b>	<b>152,948</b>	<b>165,373</b>	<b>227,249</b>
<b>Estimated Millage</b>					<b>0.25</b>	<b>0.23</b>	<b>0.27</b>	<b>0.29</b>	<b>0.40</b>
<b>Percentage of General Fund Budget</b>					<b>0.32%</b>	<b>0.31%</b>	<b>0.31%</b>	<b>0.32%</b>	<b>0.41%</b>
<b>Total Full Time Employees</b>					<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>

**Oconee County, South Carolina  
Public Defender (510)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	510	95100	20204	<b>Oconee County Public Defender</b>	200,000	240,000	240,000	250,000	250,000
				<b>Department Total</b>	<b>200,000</b>	<b>240,000</b>	<b>240,000</b>	<b>250,000</b>	<b>250,000</b>
<b>Direct Revenue</b>									
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Other Revenue</b>					24,303	36,691	22,565	24,039	23,094
<b>Cost in Tax Dollars</b>					175,697	203,309	217,435	225,961	226,906
<b>Estimated Millage</b>					0.33	0.37	0.39	0.40	0.40
<b>Percentage of General Fund Budget</b>					0.42%	0.49%	0.44%	0.44%	0.41%
<b>Total Full Time Employees</b>					-	-	-	-	-

**Oconee County, South Carolina  
Register of Deeds (735)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
010	735	10110	00000	Salary and Wages	154,791	160,420	162,635	173,921	184,306
010	735	10710	00000	Overtime	142	-	-	850	500
010	735	20013	00000	Social Security	10,803	11,081	11,350	12,688	14,164
010	735	20014	00000	Retirement	22,607	23,373	25,193	27,466	32,514
010	735	20015	00000	Workers Compensation	500	514	583	492	649
010	735	20016	00000	Health Insurance	36,151	38,468	36,556	36,556	36,556
010	735	20027	00000	Dental	1,856	382	2,200	2,200	2,200
010	735	20028	00000	Vision	302	30	400	400	400
<b>Salary and Wage Totals</b>					<b>227,152</b>	<b>234,268</b>	<b>238,917</b>	<b>254,573</b>	<b>271,289</b>
010	735	30024	00000	Equipment Maintenance	879	-	3,992	2,300	2,300
010	735	30037	00000	Equipment Rental	-	-	-	-	-
010	735	30056	00000	Data Processing	46,720	49,300	50,192	54,000	56,000
010	735	30059	00000	Copier Click Charges	4,915	2,000	1,720	3,000	3,000
010	735	30080	00000	Dues: Organizations	220	220	235	285	320
010	735	30084	00000	Staff Development	1,234	670	-	1,500	1,000
010	735	40031	00000	Small Equipment	-	-	1,253	4,500	2,000
010	735	40032	00000	Operational	11,883	3,694	5,400	6,000	6,000
010	735	40045	00000	IT Replacement EQ/Software	-	674	-	-	-
<b>Expenditure Total</b>					<b>65,851</b>	<b>56,558</b>	<b>62,792</b>	<b>71,585</b>	<b>70,620</b>
<b>Department Total</b>					<b>293,003</b>	<b>290,826</b>	<b>301,709</b>	<b>326,158</b>	<b>341,909</b>
<b>Direct Revenue</b>									
010	080	00805	14100	Register of Deeds	820,785	1,003,351	1,437,784	1,400,000	1,500,000
010	081	00810	21400	Register of Deeds Supplemental Salary	1,575	1,575	1,575	1,576	1,576
<b>Departmental Total Direct Revenue</b>					<b>822,360</b>	<b>1,004,926</b>	<b>1,439,359</b>	<b>1,401,576</b>	<b>1,501,576</b>
<b>Other Revenue</b>					35,604	44,461	28,367	31,362	31,584
<b>Cost in Tax Dollars</b>					(564,961)	(758,561)	(1,166,017)	(1,106,780)	(1,191,251)
<b>Estimated Millage</b>					-0.60	-0.77	-0.83	-1.50	-1.60
<b>Percentage of General Fund Budget</b>					0.61%	0.59%	0.55%	0.57%	0.56%
<b>Total Full Time Employees</b>					4	4	4	4	4



**Oconee County, South Carolina  
Roads and Bridges (601)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	601	10110	00000	Salary and Wages	1,347,386	1,334,330	1,311,427	1,538,520	1,634,066
10	601	10710	00000	Overtime	37,741	19,982	26,824	43,000	40,000
10	601	20013	00000	Social Security	101,366	98,228	97,249	117,480	124,471
10	601	20014	00000	Retirement	203,486	201,008	207,305	254,310	282,716
10	601	20015	00000	Workers Compensation	114,595	113,574	124,125	109,875	135,336
10	601	20016	00000	Health Insurance	327,988	332,665	329,004	338,143	329,004
10	601	20027	00000	Dental	16,918	6,954	19,800	20,350	19,800
10	601	20028	00000	Vision	2,756	306	3,600	3,700	3,600
<b>Salary and Wage Totals</b>					<b>2,152,236</b>	<b>2,107,047</b>	<b>2,119,334</b>	<b>2,425,378</b>	<b>2,568,993</b>
10	601	30024	00000	Equipment Maintenance	3,471	3,665	2,970	4,000	4,000
10	601	30025	00000	Professional	7,500	5,313	210	7,500	7,500
10	601	30037	00000	Equipment Rental (Crusher & Screen)	18,084	-	1,061	20,000	10,000
10	601	30056	00000	Data Processing	1,085	1,107	1,119	2,000	1,500
10	601	30059	00000	Copier Click Charges	1,573	1,940	1,483	3,600	2,500
10	601	30080	00000	Dues: Organizations	848	-	886	1,240	1,240
10	601	30084	00000	Staff Development	6,168	2,661	574	6,250	5,000
10	601	30091	00000	Special Departmental Supplies	1,000	-	699	1,200	1,200
10	601	33022	00000	Building/Grounds Maintenance	1,322	2,885	13,797	3,000	3,000
10	601	34042	00000	Gas and Fuel Oil	2,701	2,215	2,710	3,900	3,500
10	601	34043	00000	Electricity	13,514	12,596	12,503	14,000	14,000
10	601	34044	00000	Water/Sewer/Garbage	2,183	2,754	3,065	2,900	3,200
10	601	40027	00000	Safety Equipment	10,552	10,499	11,454	13,000	13,000
10	601	40031	00000	Small Equipment	6,847	38,403	22,022	18,000	18,000
10	601	40032	00000	Operational	(1,044)	(525)	1,372	2,500	2,500
10	601	40034	00000	Food	1,300	1,349	1,828	1,500	3,000
10	601	40045	00000	IT Replacement Equipment/Software	1,738	2,126	-	-	-
10	601	40065	00000	Uniforms/Clothing	13,916	11,022	12,318	14,000	16,000
10	601	60735	00000	General Gravel Use	-	-	11,763	-	-
10	601	80601	00000	Vehicle Maintenance	275,208	209,550	299,156	300,000	300,000
10	601	81601	00000	Gasoline	31,320	28,842	33,260	30,000	40,000
10	601	82601	00000	Diesel	131,746	100,361	102,189	125,000	125,000
<b>Expenditure Total</b>					<b>531,032</b>	<b>436,763</b>	<b>536,439</b>	<b>573,590</b>	<b>574,140</b>
<b>Department Total</b>					<b>2,683,268</b>	<b>2,543,810</b>	<b>2,655,773</b>	<b>2,998,968</b>	<b>3,143,133</b>

**Oconee County, South Carolina  
Roads and Bridges (601)  
2022-2023 Budget**

Account Number	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
<b>Direct Revenue</b>						
10 80 805 10600	Road Inspection Fee	648	-	-	-	-
10 80 805 10601	Encroachment Fees - Roads and Bridges	12,896	18,445	31,959	20,000	30,000
10 80 805 60003	Storm Water Assistance Fund	4,701	10,743	5,715	5,000	6,000
10 80 805 60105	Sign Fees - Roads and Bridges	4,083	2,672	5,044	8,500	5,000
<b>Departmental Total Direct Revenue</b>		<b>22,328</b>	<b>31,860</b>	<b>42,718</b>	<b>33,500</b>	<b>41,000</b>
<b>Other Revenue</b>		326,054	388,894	249,696	288,364	290,349
<b>Cost in Tax Dollars</b>		2,334,886	2,123,056	2,363,359	2,677,104	2,811,784
<b>Estimated Millage</b>		4.34	3.89	4.21	4.77	4.97
<b>Percentage of General Fund Budget</b>		5.59%	5.20%	4.85%	5.23%	5.19%
<b>Total Full Time Employees</b>		36	36	36	37	37

**Oconee County, South Carolina  
Sheriff (101)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	101	10110	00000	Salary and Wages	4,874,444	5,221,812	5,157,537	5,696,157	6,325,016
10	101	10710	00000	Overtime	357,337	379,729	357,662	310,000	310,000
10	101	20013	00000	Social Security	376,115	407,985	402,384	446,283	510,256
10	101	20014	00000	Retirement	889,172	960,703	993,066	1,106,212	1,312,220
10	101	20015	00000	Workers Compensation	178,545	193,160	210,503	185,103	240,719
10	101	20016	00000	Health Insurance	939,340	1,051,948	997,391	1,050,985	1,151,514
10	101	20027	00000	Dental	48,234	45,507	59,950	63,250	69,300
10	101	20028	00000	Vision	7,770	1,195	10,900	11,500	12,600
10	101	10110	00000	Extra Duty Pay	71,732	48,998	63,992	-	-
<b>Salary and Wage Totals</b>					<b>7,742,689</b>	<b>8,311,037</b>	<b>8,253,385</b>	<b>8,869,490</b>	<b>9,931,625</b>
10	101	30024	00000	Equipment Maintenance	5,725	6,878	5,508	9,500	9,500
10	101	30025	00000	Professional	159,620	90,643	87,354	110,000	125,000
10	101	30025	00260	Professional Sheriff Dept	-	4,053	-	-	-
10	101	30056	00000	Data Processing	57,236	31,301	86,734	83,000	125,000
10	101	30059	00000	Copier Click Charges	9,283	9,200	8,367	10,000	10,000
10	101	30062	00000	Medical	3,005	3,898	3,097	6,500	6,500
10	101	30080	00000	Dues: Organizations	3,110	6,180	6,285	6,000	6,500
10	101	30084	00000	Staff Development	28,582	24,332	38,213	37,000	42,000
10	101	33022	00260	Maint. Bldg/Grds-Sheriffs Dept Fire	-	3,502	521	-	-
10	101	34043	00000	Electricity	3,116	3,449	3,806	3,000	3,000
10	101	34044	00000	Water/Sewer/Garbage	392	764	418	500	500
10	101	40031	00000	Small Equipment	60,439	37,501	53,114	43,000	43,000
10	101	40031	00260	Non-Cap Equipment	-	30,284	44,306	-	-
10	101	40032	00000	Operational	38,378	41,334	36,888	38,000	45,000
10	101	40033	00000	Postage	193	113	2,291	600	600
10	101	40034	00000	Food	3,902	2,577	1,856	3,500	3,500
10	101	40045	00000	IT Replacement Equipment/Software	18,988	41,315	31,658	29,000	29,000
10	101	40045	00260	IT Equipment/Software Sheriff	-	6,312	-	-	-
10	101	40065	00000	Uniforms/Clothing	86,711	90,205	80,607	140,000	110,000
10	101	40065	00004	Clothing for Plain Clothes Officers	26,196	24,358	26,949	27,900	27,900
10	101	40353	00000	Firing Range	77,954	64,317	57,360	65,000	75,000
10	101	40354	00000	Sub-Station	4,001	869	3,215	4,000	3,500
10	101	60402	00000	DSS Child Support (Federal)	4,022	4,895	3,902	4,500	4,500
10	101	60444	00000	Helicopter Maintenance	13,356	7,889	7,673	8,500	8,500
10	101	60735	00000	General Gravel Use	937	153	-	1,000	-
10	101	80101	00000	Vehicle Maintenance	194,332	169,224	217,268	130,000	145,000
10	101	81101	00000	Gasoline	280,688	272,669	269,987	300,000	320,000
10	101	82101	00000	Diesel	339	409	228	750	750
10	101	99999	00000	Miscellaneous Grant Match	660	-	-	11,000	10,000
<b>Expenditure Totals</b>					<b>1,081,165</b>	<b>978,624</b>	<b>1,077,605</b>	<b>1,072,250</b>	<b>1,154,250</b>
<b>Department Total</b>					<b>8,823,854</b>	<b>9,289,661</b>	<b>9,330,990</b>	<b>9,941,740</b>	<b>11,085,875</b>

**Oconee County, South Carolina  
Sheriff (101)  
2022-2023 Budget**

Direct Revenue									
10	80	805	900	Sheriff-Voluntary Extra Duty Pay	125,106	115,588	80,122	100,000	80,000
10	80	805	10400	Sheriff Civil Fees	5,560	7,900	7,495	5,000	6,000
10	80	805	10401	Miscellaneous - Sheriff	40,262	44,453	43,263	40,000	43,000
10	80	805	16024	Litter Fine In Lieu of Pickup	-	840	720	-	-
10	80	810	20400	Sheriff Supplement	1,575	1,575	1,575	1,576	1,576
10	80	810	60460	Resource Officer Reimbursement	541,374	609,098	662,901	595,926	600,354
10	80	830	25600	Sheriff Title IVD Service of Process	7,854	5,379	4,472	9,500	9,500
<b>Departmental Total Direct Revenue</b>					<b>721,731</b>	<b>784,833</b>	<b>800,548</b>	<b>752,002</b>	<b>740,430</b>
<b>Other Revenue</b>					1,072,220	1,420,191	877,301	955,943	1,024,065
<b>Cost in Tax Dollars</b>					7,029,903	7,084,637	7,653,141	8,233,795	9,321,380
<b>Estimated Millage</b>					13.08	12.98	13.63	14.67	16.48
<b>Percentage of General Fund Budget</b>					18.39%	18.98%	17.03%	17.34%	18.29%
<b>Total Full Time Employees General Fund Only</b>					109	112	112	114	119

**Oconee County, South Carolina  
Soil and Water Conservation District (716)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	716	10110	00000	Salary and Wages	29,412	25,557	32,002	33,787	30,958
10	716	10710	00000	Overtime	286	217	713	-	-
10	716	20013	00000	Social Security	2,022	2,172	2,239	2,509	2,368
10	716	20014	00000	Retirement	4,319	4,658	5,059	5,432	5,145
10	716	20015	00000	Workers Compensation	848	761	933	97	108
10	716	20016	00000	Health Insurance	7,971	8,620	9,139	9,139	9,139
10	716	20027	00000	Dental	525	96	550	550	550
10	716	20028	00000	Vision	86	7	100	100	100
<b>Salary and Wage Totals</b>					<b>45,469</b>	<b>42,088</b>	<b>50,735</b>	<b>51,614</b>	<b>48,368</b>
10	716	30066	00000	Insurance	1,585	1,980	2,375	2,375	2,375
10	716	33022	00000	Building/Grounds Maintenance	8,200	6,208	10,240	10,500	11,000
10	716	34042	00000	Gas and Fuel Oil - USDA Building	1,621	1,403	1,306	1,700	1,500
10	716	34043	00000	Electricity - USDA Building	4,496	4,131	3,940	5,800	5,000
10	716	34044	00000	Water/Sewer/Garbage	722	971	811	800	900
10	716	95100	20200	Coop. Extension Service	10,938	11,538	11,538	12,238	12,838
<b>Expenditure Total</b>					<b>27,562</b>	<b>26,231</b>	<b>30,210</b>	<b>33,413</b>	<b>33,613</b>
<b>Department Total</b>					<b>73,031</b>	<b>68,319</b>	<b>80,945</b>	<b>85,027</b>	<b>81,981</b>
<b>Direct Revenue</b>									
10	80	805	20800	Soil and Water	6,139	-	6,139	6,139	6,139
<b>Departmental Total Direct Revenue</b>					<b>6,139</b>	<b>-</b>	<b>6,139</b>	<b>6,139</b>	<b>6,139</b>
<b>Other Revenue</b>					<b>8,874</b>	<b>10,444</b>	<b>7,610</b>	<b>8,176</b>	<b>7,573</b>
<b>Cost in Tax Dollars</b>					<b>58,018</b>	<b>57,874</b>	<b>67,196</b>	<b>70,712</b>	<b>68,269</b>
<b>Estimated Millage</b>					<b>0.11</b>	<b>0.11</b>	<b>0.12</b>	<b>0.13</b>	<b>0.12</b>
<b>Percentage of General Fund Budget</b>					<b>0.15%</b>	<b>0.14%</b>	<b>0.15%</b>	<b>0.15%</b>	<b>0.14%</b>
<b>Total Full Time Employees</b>					<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

**Oconee County, South Carolina  
Solicitor (504)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	504	10110	00000	Salary and Wages	504,272	544,193	553,704	698,469	700,711
10	504	20013	00000	Social Security	35,789	38,810	38,699	51,877	53,604
10	504	20014	00000	Retirement	74,900	79,643	85,180	108,058	124,886
10	504	20015	00000	Workers Compensation	4,047	4,201	5,061	5,213	6,835
10	504	20016	00000	Health Insurance	83,593	82,709	109,668	109,668	109,668
10	504	20027	00000	Dental	5,636	2,520	6,600	6,600	6,600
10	504	20028	00000	Vision	918	135	1,200	1,200	1,200
<b>Salary and Wage Totals</b>					<b>709,155</b>	<b>752,211</b>	<b>800,112</b>	<b>981,085</b>	<b>1,003,504</b>
10	504	80504	00000	Vehicle Maintenance	15	14	487	500	500
10	504	81504	00000	Gasoline	929	1,341	1,401	1,000	1000
<b>Expenditure Total</b>					<b>944</b>	<b>1,355</b>	<b>1,888</b>	<b>1,500</b>	<b>1,500</b>
<b>Department Total</b>					<b>710,099</b>	<b>753,566</b>	<b>802,000</b>	<b>982,585</b>	<b>1,005,004</b>
<b>Direct Revenue</b>									
10	80	805	10504	Worthless Checks	2,385	3,444	3,116	6,000	3,000
10	80	805	16006	Solicitor's Traffic Education	140	-	38	-	-
<b>Departmental Total Direct Revenue</b>					<b>2,525</b>	<b>3,444</b>	<b>3,154</b>	<b>6,000</b>	<b>3,000</b>
<b>Other Revenue</b>					86,287	115,204	75,404	94,480	92,838
<b>Cost in Tax Dollars</b>					621,287	634,918	723,442	882,105	909,166
<b>Estimated Millage</b>					1.16	1.16	1.29	1.57	1.61
<b>Percentage of General Fund Budget</b>					1.48%	1.54%	1.46%	1.71%	1.66%
<b>Total Full Time Employees</b>					12	12	12	12	12

**Oconee County, South Carolina  
Solid Waste (718)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	718	10110	00000	Salary and Wages	1,030,164	1,028,987	1,067,934	1,257,452	1,334,197
10	718	10710	00000	Overtime	15,731	36,564	45,912	30,000	30,000
10	718	20013	00000	Social Security	74,523	75,721	79,566	90,680	104,361
10	718	20014	00000	Retirement	152,609	154,625	172,169	196,296	238,552
10	718	20015	00000	Workers Compensation	72,543	72,178	84,643	55,152	87,852
10	718	20016	00000	Health Insurance	319,836	329,426	329,004	329,004	329,004
10	718	20027	00000	Dental	16,067	8,328	19,800	19,800	19,800
10	718	20028	00000	Vision	2,617	529	3,600	3,600	3,600
<b>Salary and Wage Totals</b>					<b>1,684,090</b>	<b>1,706,358</b>	<b>1,802,628</b>	<b>1,981,984</b>	<b>2,147,366</b>
10	718	30024	00000	Equipment Maintenance	38,576	74,284	38,302	45,000	75,000
10	718	30025	00000	Professional	469,476	322,578	259,785	350,000	451,000
10	718	30037	00000	Equipment Rental	2,223	17,026	109,408	2,200	10,000
10	718	30059	00000	Copier Click Charges	1,542	1,146	1,482	1,500	1,500
10	718	30068	00000	Advertising	9,762	-	-	-	-
10	718	30080	00000	Dues: Organizations	223	223	233	430	400
10	718	30084	00000	Staff Development	3,008	61	66	3,300	3,000
10	718	30091	00000	Special Departmental Supplies	-	-	-	3,500	1,500
10	718	33022	00000	Building/Grounds Maintenance	17,144	22,130	20,847	20,000	30,000
10	718	34043	00000	Electricity	57,675	56,054	46,437	58,000	55,000
10	718	34044	00000	Water/Sewer/Garbage	7,670	9,029	7,992	8,500	9,000
10	718	40027	00000	Safety Equipment	6,528	6,243	7,451	9,000	13,500
10	718	40031	00000	Small Equipment	1,510	4,029	9,900	14,000	15,000
10	718	40032	00000	Operational	8,053	9,999	14,498	12,000	15,000
10	718	40033	00000	Postage	-	67	258	-	200
10	718	40034	00000	Food	214	294	408	500	500
10	718	40045	00000	IT Replacement Equipment/Software	-	1,348	286	-	-
10	718	40065	00000	Uniforms/Clothing	8,010	6,591	9,921	12,000	11,500
10	718	60005	00000	Testing Wells	59,808	62,523	59,254	80,000	145,000
10	718	60007	00000	Tipping Fees/MSW Disposal	1,440,200	1,672,703	1,939,094	1,750,000	2,000,000
10	718	60008	00000	Impact Fees for Tires	75,619	74,420	57,093	90,000	90,000
10	718	60055	00000	Credit Application Fee	766	755	1,216	-	-
10	718	60735	00000	General Gravel Use	4,884	6,895	11,121	10,000	10,000
10	718	80718	00000	Vehicle Maintenance	173,777	208,157	256,584	170,000	200,000
10	718	81718	00000	Gasoline	6,314	5,862	6,552	6,000	7,500
10	718	82718	00000	Diesel	119,606	104,309	99,079	100,000	150,000
<b>Expenditure Total</b>					<b>2,512,588</b>	<b>2,666,726</b>	<b>2,957,267</b>	<b>2,745,930</b>	<b>3,294,600</b>
<b>Department Total</b>					<b>4,196,678</b>	<b>4,373,084</b>	<b>4,759,895</b>	<b>4,727,914</b>	<b>5,441,966</b>
<b>Direct Revenue</b>									
10	80	805	14904	Solid Waste Impact Fee for Tires	5,932	5,712	13,120	6,000	13,000
10	80	49807	14900	Solid Waste Tipping Fees	1,382,905	1,825,524	2,192,086	1,950,000	2,100,000
10	80	49807	14902	Solid Waste - Recyclables	171,667	213,058	211,554	200,000	250,000
10	80	49807	14910	Solid Waste - Mulch Sales	28,091	8,874	-	10,000	-
10	81	810	14904	Impact Fee For Tires	48,033	47,529	43,627	35,000	40,000
<b>Departmental Total Direct Revenue</b>					<b>1,636,628</b>	<b>2,100,697</b>	<b>2,460,387</b>	<b>2,201,000</b>	<b>2,403,000</b>
<b>Other Revenue</b>					509,954	668,551	447,526	454,610	502,705
<b>Cost in Tax Dollars</b>					2,050,095	1,603,835	1,851,982	2,072,304	2,536,261
<b>Estimated Millage</b>					3.81	2.94	3.30	3.69	4.48
<b>Percentage of General Fund Budget</b>					8.75%	8.94%	8.69%	8.25%	8.98%
<b>Total Full Time Employees</b>					35	35	36	36	36

**Oconee County, South Carolina  
South Cove Park (204)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	204	10110	00000	Salary and Wages	152,430	170,299	178,782	231,351	256,897
10	204	10710	00000	Overtime	5,994	6,020	7,926	7,000	7,000
10	204	20013	00000	Social Security	11,747	12,860	13,678	16,914	18,882
10	204	20014	00000	Retirement	23,222	25,545	28,807	36,270	38,334
10	204	20015	00000	Workers Compensation	6,800	6,568	7,523	7,605	9,588
10	204	20016	00000	Health Insurance	42,757	48,081	45,695	54,834	54,834
10	204	20027	00000	Dental	1,554	2,576	2,750	3,300	3,300
10	204	20028	00000	Vision	253	305	500	600	600
<b>Salary and Wage Totals</b>					<b>244,757</b>	<b>272,254</b>	<b>285,661</b>	<b>357,874</b>	<b>389,435</b>
10	204	30024	00000	Equipment Maintenance	917	1,381	1,091	1,000	1,000
10	204	30025	00000	Professional	58,013	39,977	45,257	45,447	45,447
10	204	30037	00000	Equipment Rental	1,732	535	787	1,000	1,000
10	204	30041	00000	Telecommunications	200	-	-	600	-
10	204	30080	00000	Dues Organizations	-	125	62		
10	204	30084	00000	Staff Development	2,623	469	1,010	2,000	2,000
10	204	33022	00000	Building/Grounds Maintenance	38,055	34,723	38,078	36,000	-
10	204	34042	00000	Gas and Fuel Oil	1,132	1,656	332	1,750	1,750
10	204	34043	00000	Electricity	61,375	58,387	69,134	63,000	63,000
10	204	34044	00000	Water/Sewer/Garbage	3,519	3,329	5,308	4,100	5,000
10	204	40031	00000	Small Equipment	8,949	4,068	5,693	3,150	4,500
10	204	40032	00000	Operational	22,941	20,814	21,215	23,000	30,000
10	204	40034	00000	Food	309	1,348	117	250	250
10	204	40045	00000	IT Replacement Eq	-	1,348	-	-	-
10	204	40065	00000	Uniforms/Clothing	4,012	3,577	3,278	3,500	3,500
10	204	40832	00000	Concessions	30,597	27,112	41,786	35,000	55,000
<b>Expenditure Total</b>					<b>234,374</b>	<b>198,849</b>	<b>233,148</b>	<b>219,797</b>	<b>212,447</b>
<b>Department Total</b>					<b>479,131</b>	<b>471,103</b>	<b>518,809</b>	<b>577,671</b>	<b>601,882</b>
<b>Direct Revenue</b>									
10	80	805	00204	South Cove Park	344,267	305,344	458,375	350,000	460,000
<b>Departmental Total Direct Revenue</b>					<b>344,267</b>	<b>305,344</b>	<b>458,375</b>	<b>350,000</b>	<b>460,000</b>
<b>Other Revenue</b>					58,221	72,022	48,778	55,546	55,599
<b>Cost in Tax Dollars</b>					76,643	93,737	11,656	172,125	86,283
<b>Estimated Millage</b>					0.14	0.17	0.02	0.31	0.15
<b>Percentage of General Fund Budget</b>					1.00%	0.96%	0.95%	1.01%	0.99%
<b>Total Full Time Employees</b>					5	5	5	6	6



**Oconee County, South Carolina  
Treasurer (306)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	306	10110	00000	Salary and Wages	234,449	254,722	285,707	310,557	334,152
10	306	10710	00000	Overtime	439	12	453	-	500
10	306	20013	00000	Social Security	16,953	18,301	20,526	23,066	25,639
10	306	20014	00000	Retirement	34,225	37,201	44,078	44,351	58,852
10	306	20015	00000	Workers Compensation	756	2,706	3,035	3,602	4,218
10	306	20016	00000	Health Insurance	45,108	51,316	59,404	54,834	63,973
10	306	20027	00000	Dental	2,161	1,624	3,550	3,300	3,850
10	306	20028	00000	Vision	352	127	650	600	700
<b>Salary and Wage Totals</b>					<b>334,443</b>	<b>366,009</b>	<b>417,403</b>	<b>440,310</b>	<b>491,884</b>
10	306	30018	00000	Travel	808	358	272	800	800
10	306	30024	00000	Equipment Maintenance - Decal Printers	-	-	2,145	2,700	2,700
10	306	30025	00000	Professional	43,156	51,997	40,733	54,000	54,000
10	306	30041	00000	Telecommunications	1,440	720	-	-	-
10	306	30056	00000	Data Processing	25,767	42,032	29,184	41,800	42,400
10	306	30059	00000	Copier Click Charges	480	541	686	1,290	1,290
10	306	30068	00000	Advertising	212	-	-	260	260
10	306	30080	00000	Dues: Organizations	150	150	150	225	225
10	306	30084	00000	Staff Development	3,572	3,323	299	5,000	5,000
10	306	40031	00000	Small Equipment	170	7,290	2,106	1,300	1,300
10	306	40032	00000	Operational	9,026	11,507	12,367	16,500	16,500
10	306	40033	00000	Postage	60,342	81,998	80,116	84,000	84,000
10	306	40045	00000	IT Replacement Equipment/Software	3,402	4,575	1,929	3,870	3,870
10	306	80306	00000	Vehicle Maintenance	286	221	341	1,100	1,100
10	306	81306	00000	Gasoline	974	903	936	1,275	1,400
<b>Expenditure Total</b>					<b>149,785</b>	<b>205,615</b>	<b>171,264</b>	<b>214,120</b>	<b>214,845</b>
<b>Department Total</b>					<b>484,228</b>	<b>571,624</b>	<b>588,667</b>	<b>654,430</b>	<b>706,729</b>
<b>Direct Revenue</b>									
10	80	805	00306	PRT Season Pass - Treasurer	1,055	875	850	1,200	500
10	80	805	10310	Vehicle Decal Fees	66,846	69,118	72,790	65,000	72,000
<b>Departmental Total Direct Revenue</b>					<b>67,901</b>	<b>69,993</b>	<b>73,640</b>	<b>66,200</b>	<b>72,500</b>
<b>Other Revenue</b>					58,840	87,389	55,347	62,926	65,285
<b>Cost in Tax Dollars</b>					357,487	414,242	459,680	525,304	568,944
<b>Estimated Millage</b>					0.66	0.76	0.82	0.94	1.01
<b>Percentage of General Fund Budget</b>					1.01%	1.17%	1.07%	1.14%	1.17%
<b>Total Full Time Employees</b>					6	6	6	7	7

**Oconee County, South Carolina  
Vehicle Maintenance (721)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	721	10110	00000	Salary and Wages	507,375	554,065	552,889	579,816	620,557
10	721	10710	00000	Overtime	4,570	2,516	1,700	5,000	3,000
10	721	20013	00000	Social Security	37,055	40,428	40,206	43,357	47,855
10	721	20014	00000	Retirement	74,494	81,277	85,925	93,856	109,648
10	721	20015	00000	Workers Compensation	23,370	26,876	31,023	23,712	29,117
10	721	20016	00000	Health Insurance	129,772	140,488	127,946	127,946	127,946
10	721	20027	00000	Dental	7,090	2,752	7,700	7,700	7,700
10	721	20028	00000	Vision	1,155	127	1,400	1,400	1,400
<b>Salary and Wage Totals</b>					<b>784,881</b>	<b>848,529</b>	<b>848,789</b>	<b>882,787</b>	<b>947,223</b>
10	721	30024	00000	Equipment Maintenance	1,518	1,903	1,741	4,000	3,750
10	721	30025	00000	Professional	-	100	-	-	-
10	721	30056	00000	Data Processing	6,944	6,249	12,696	9,000	10,500
10	721	30059	00000	Copier Click Charges	1,268	1,197	1,144	1,500	1,500
10	721	30080	00000	Dues: Organizations	100	-	-	150	150
10	721	30084	00000	Staff Development	2,528	2,518	24	2,500	2,500
10	721	33022	00000	Building/Grounds Maintenance	5,343	3,447	2,000	5,500	5,000
10	721	34042	00000	Gas and Fuel Oil	3,399	2,083	3,123	4,000	3,500
10	721	34043	00000	Electricity	11,825	11,204	11,104	13,500	12,500
10	721	34044	00000	Water/Sewer/Garbage	2,443	1,716	1,508	1,700	1,700
10	721	40027	00000	Safety Equipment	2,731	3,862	3,392	4,000	6,000
10	721	40031	00000	Small Equipment	16,357	9,959	13,909	19,000	19,000
10	721	40032	00000	Operational	10,915	7,402	10,087	10,000	11,000
10	721	40033	00000	Postage	14	-	-	250	100
10	721	40034	00000	Food	296	269	929	350	500
10	721	40045	00000	IT Replacement Equipment/Software	-	2,068	-	-	-
10	721	40065	00000	Uniforms/Clothing	3,805	4,835	4,928	5,000	6,000
10	721	80721	00000	Vehicle Maintenance - Vehicle Maintenance	5,791	9,118	7,504	7,000	8,000
10	721	81721	00000	Gasoline - Vehicle Maintenance	10,463	8,137	10,047	10,000	10,500
10	721	82721	00000	Diesel - Vehicle Maintenance	216	86	167	500	1,000
<b>Expenditure Total</b>					<b>85,956</b>	<b>76,153</b>	<b>84,303</b>	<b>97,950</b>	<b>103,200</b>
<b>Department Total</b>					<b>870,837</b>	<b>924,682</b>	<b>933,092</b>	<b>980,737</b>	<b>1,050,423</b>
<b>Direct Revenue</b>									
10	80	805	12032	Vehicle Maintenance Labor	933	847	1,110	1,650	-
<b>Departmental Total Direct Revenue</b>					<b>933</b>	<b>847</b>	<b>1,110</b>	<b>1,650</b>	<b>-</b>
<b>Other Revenue</b>					105,819	141,364	87,729	94,302	97,034
<b>Cost in Tax Dollars</b>					764,085	782,471	844,253	884,785	953,389
<b>Estimated Millage</b>					1.42	1.43	1.50	1.58	1.69
<b>Percentage of General Fund Budget</b>					1.81%	1.89%	1.70%	1.71%	1.73%
<b>Total Full Time Employees</b>					14	14	14	14	14

**Oconee County, South Carolina  
Veterans' Affairs (404)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	404	10110	00000	Salary and Wages	121,657	128,963	131,206	141,482	141,582
10	404	10710	00000	Overtime	-	-	-	750	500
10	404	20013	00000	Social Security	8,616	9,079	9,523	10,565	10,888
10	404	20014	00000	Retirement	17,697	18,775	20,324	22,759	24,993
10	404	20015	00000	Workers Compensation	2,029	2,122	2,406	2,036	2,445
10	404	20016	00000	Health Insurance	26,277	25,828	27,417	27,417	27,417
10	404	20027	00000	Dental	525	1,337	1,650	1,650	1,650
10	404	20028	00000	Vision	86	149	300	300	300
<b>Salary and Wage Totals</b>					<b>176,887</b>	<b>186,253</b>	<b>192,826</b>	<b>206,959</b>	<b>209,775</b>
10	404	30025	00000	Professional	1,182	1,299	1,458	1,425	1,500
10	404	30056	00000	Data Processing	734	35	36		-
10	404	30059	00000	Copier Click Charges	1,051	1,085	1,230	2,500	1,500
10	404	30080	00000	Dues: Organizations	25	70	25	40	50
10	404	30084	00000	Staff Development	-	-	-	400	-
10	404	40031	00000	Small Equipment	445	570	1,060	1,000	1,500
10	404	40032	00000	Operational	5,069	1,767	2,851	4,700	3,000
10	404	40034	00000	Food	230	339	28	500	3,500
10	404	40065	00000	Clothing/Uniforms		-	-	-	100
<b>Expenditure Total</b>					<b>8,736</b>	<b>5,165</b>	<b>6,688</b>	<b>10,565</b>	<b>11,150</b>
<b>Department Total</b>					<b>185,623</b>	<b>191,418</b>	<b>199,514</b>	<b>217,524</b>	<b>220,925</b>
<b>Direct Revenue</b>									
10	81	810	25900	Veterans' Affairs State Aid	5,371	5,478	5,478	5,478	5,478
<b>Departmental Total Direct Revenue</b>					<b>5,371</b>	<b>5,478</b>	<b>5,478</b>	<b>5,478</b>	<b>5,478</b>
<b>Other Revenue</b>					22,556	29,264	18,758	20,916	20,408
<b>Cost in Tax Dollars</b>					157,696	156,676	175,278	191,130	195,039
<b>Estimated Millage</b>					0.29	0.29	0.31	0.34	0.34
<b>Percentage of General Fund Budget</b>					0.39%	0.39%	0.36%	0.38%	0.36%
<b>Total Full Time Employees</b>					3	3	3	3	3

**Oconee County, South Carolina  
Voter Registration and Elections (715)  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
10	715	10110	00000	Salary and Wages	124,878	168,114	131,651	139,824	149,112
10	715	10710	00000	Overtime	-	-	-	300	-
10	715	20013	00000	Social Security	8,722	8,555	11,166	10,408	11,430
10	715	20014	00000	Retirement	17,764	16,542	20,763	22,530	25,652
10	715	20015	00000	Workers Compensation	607	527	725	404	494
10	715	20016	00000	Health Insurance	16,933	17,223	18,278	18,278	18,278
10	715	20027	00000	Dental	1,071	577	1,100	1,100	1,100
10	715	20028	00000	Vision	174	48	200	200	200
10	715	10130	97715	Poll Workers	31,977	(21,933)	40,470	-	6,000
<b>Salary and Wage Totals</b>					<b>202,126</b>	<b>189,653</b>	<b>224,353</b>	<b>193,044</b>	<b>212,266</b>
10	715	30018	00000	Travel	1,223	1,166	1,064	1,500	3,500
10	715	30024	00000	Equipment Maintenance	12,405	-	9,225	13,500	24,836
10	715	30025	00000	Professional	16,972	15,123	8,103	7,500	10,000
10	715	30041	00000	Telecommunications	780	480	-	-	-
10	715	30056	00000	Data Processing	13,535	-	15,663	20,000	30,756
10	715	30059	00000	Coper Click Charges	965	1,625	1,003	1,300	1,500
10	715	30068	97715	Advertising SC Elect Reimb	704	2,422	1,539	-	-
10	715	30080	00000	Dues: Organizations	350	250	350	350	350
10	715	30084	00000	Staff Development	5,114	3,619	500	5,000	7,500
10	715	40031	00000	Small Equipment	714	2,545	683	800	1,000
10	715	40032	00000	Operational	6,643	5,859	4,516	6,000	10,000
10	715	40032	97715	Operational - SC Elect Reimb	4,405	9,193	8,448	-	-
10	715	40033	00000	Postage	68	35	-	75	-
10	715	40034	00000	Food	-	243	-	-	-
10	715	40045	00000	IT Replacement Equipment/Software	-	3,080	855	-	2,750
<b>Expenditure Total</b>					<b>63,878</b>	<b>45,640</b>	<b>51,949</b>	<b>56,025</b>	<b>92,192</b>
<b>Department Total</b>					<b>266,004</b>	<b>235,293</b>	<b>276,302</b>	<b>249,069</b>	<b>304,458</b>
<b>Direct Revenue</b>									
10	81	810	21300	Registration Board	6,542	6,501	6,750	6,944	6,750
10	81	825	97715	SC State Election Reimb	32,512	5,854	82,194	20,000	20,000
<b>Departmental Total Direct Revenue</b>					<b>39,054</b>	<b>12,355</b>	<b>88,944</b>	<b>26,944</b>	<b>26,750</b>
<b>Other Revenue</b>					<b>32,323</b>	<b>35,971</b>	<b>25,978</b>	<b>23,949</b>	<b>28,125</b>
<b>Cost in Tax Dollars</b>					<b>194,627</b>	<b>186,967</b>	<b>161,380</b>	<b>198,176</b>	<b>249,583</b>
<b>Estimated Millage</b>					<b>0.36</b>	<b>0.34</b>	<b>0.29</b>	<b>0.35</b>	<b>0.44</b>
<b>Percentage of General Fund Budget</b>					<b>0.55%</b>	<b>0.48%</b>	<b>0.50%</b>	<b>0.43%</b>	<b>0.50%</b>
<b>Total Full Time Employees</b>					<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>



**Oconee County, South Carolina**  
**Emergency Services Protection District Special Revenue Fund**  
**2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
				Number of Mills	2.9	2.9	2.9	2.9	2.9
<b>Revenues</b>									
020	080	00950	00000	Emergency Services Protection District Millage	1,512,019	1,508,384	1,663,251	1,512,000	1,600,000
<b>Total Revenues</b>					<b>1,512,019</b>	<b>1,508,384</b>	<b>1,663,251</b>	<b>1,512,000</b>	<b>1,600,000</b>
<b>Expenditures</b>									
020	107	30024	00000	Equipment Maintenance	63,704	43,663	52,570	60,000	61,200
020	107	30041	00000	Telecommunication	8,843	14,783	5,000	10,000	12,000
020	107	30062	00000	Medical Physicals	-	-	26,709	15,000	20,000
020	107	33022	00000	Maintenance Bldg Grounds	-	-	167	2,000	2,000
020	107	34042	00000	Gas and Fuel Oil	3,661	3,289	4,202	5,000	5,800
020	107	34043	00000	Electricity	10,642	12,976	11,140	8,000	10,000
020	107	34044	00000	Water/Sewer/Garbage	1,505	1,451	1,487	3,500	4,000
020	107	40031	00000	Small Equipment	-	4,867	9,737	13,500	15,000
020	107	40045	00000	Non-Capital IT Equipment/Software	-	-	379	-	-
020	107	50850	00000	Buildings, Capital Exp	9,205	654	-	40,000	40,000
020	107	50850	00091	Capital Buildings - Whetstone Sub	-	-	16,000	-	-
020	107	50850	00000	Burn Building Inspecting and repair	-	-	-	-	40,000
020	107	80107	00000	Engine Pump Test	-	-	-	-	10,000
020	107	81107	00000	Gasoline	-	24	-	-	-
020	107	82107	00000	Diesel	-	1,036	-	-	-
				Grant to Independent Agencies/Basic Station Exp	1,152,477	1,148,558	1,145,659	1,155,000	1,180,000
020	199	10410	00000	Volunteer Compensation	218,250	194,880	165,905	200,000	200,000
<b>Total Expenditures</b>					<b>1,468,287</b>	<b>1,426,181</b>	<b>1,438,955</b>	<b>1,512,000</b>	<b>1,600,000</b>
<b>Change in Fund Balance</b>					<b>43,732</b>	<b>82,203</b>	<b>224,296</b>	<b>-</b>	<b>-</b>
<b>Beginning Fund Balance</b>					<b>277,093</b>	<b>320,825</b>	<b>403,028</b>	<b>627,324</b>	<b>627,324</b>
<b>Ending Fund Balance</b>					<b>320,825</b>	<b>403,028</b>	<b>627,324</b>	<b>627,324</b>	<b>627,324</b>

<b>Oconee County Emergency Services Protection District</b>			
	<b>District Support</b>	<b>Departmental</b>	<b>Support</b>
<b>Fire Departments</b>			
Oakway Fire Department	45,000	15,000	<b>60,000</b>
Corinth - Shiloh Fire Department	45,000	15,000	<b>60,000</b>
Mountain Rest Fire Department	45,000	15,000	<b>60,000</b>
Fair Play Fire Department	45,000	15,000	<b>60,000</b>
Long Creek Fire Department	45,000	15,000	<b>60,000</b>
Cleveland Fire Department	45,000	15,000	<b>60,000</b>
Keowee Ebenezer Fire Department	45,000	15,000	<b>60,000</b>
Friendship Fire Department	45,000	15,000	<b>60,000</b>
Cross Roads Fire Department	45,000	15,000	<b>60,000</b>
Holly Springs Fire Department	45,000	15,000	<b>60,000</b>
Pickett Post Fire Department	45,000	15,000	<b>60,000</b>
South Union Fire Department	45,000	15,000	<b>60,000</b>
West Union Fire Department	45,000	15,000	<b>60,000</b>
Keowee Key Fire Department	45,000	15,000	<b>60,000</b>
Bountyland Fire Department	-	-	<b>25,000</b>
Haz-Mat	22,400	10,000	<b>32,400</b>
<b>Rescue</b>			
Dive Team	26,300	10,000	<b>36,300</b>
Keowee Rescue Squad	20,000	10,000	<b>30,000</b>
Mountain Rest Rescue Squad	20,000	10,000	<b>30,000</b>
Oakway Rescue Squad	20,000	10,000	<b>30,000</b>
Salem Rescue Squad	20,000	10,000	<b>30,000</b>
Seneca Rescue Squad	20,000	10,000	<b>30,000</b>
Special Rescue Team	26,300	10,000	<b>36,300</b>
Walhalla Rescue Squad	20,000	10,000	<b>30,000</b>
Westminster Rescue Squad	20,000	10,000	<b>30,000</b>
<b>Totals</b>	<b>845,000</b>	<b>310,000</b>	<b>1,180,000</b>

**Oconee County, South Carolina**  
**Sheriffs Victims Services Special Revenue Fund (210)**  
**2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
<b>Revenues</b>									
				<b>Assessments</b>				30,000	30,000
210	080	00805	16008	12% Assessment (Magistrate)	26,330	25,585	29,788		
210	080	00805	16009	12% Assessment (Municipal)	857	617	2,072		
210	080	00811	16009	12% Assessment (Municipal Walhalla)	-	-	6,331		
210	080	00812	16009	12% Assessment (Municipal Westminster)	3,620	3,089	3,392		
				<b>Surcharges</b>				24,000	24,000
210	080	00805	16010	Surcharge Victims (Magistrate)	20,010	22,715	24,181		
210	080	00805	16011	Surcharge Victims (Municipal)	277	551	1,323		
210	080	00811	16011	Surcharge Victims (Municipal Walhalla)	2,876	1,577	2,912		
210	080	00812	16011	Surcharge Victims (Municipal Westminster)	-		1,297		
210	080	00811	16040	Municipal Contract (Walhalla)	-	-	25,000	-	-
				<b>General Fund Transfer</b>	50,000	-	85,000	137,000	40,000
<b>Total Revenues</b>					<b>103,970</b>	<b>54,134</b>	<b>181,296</b>	<b>191,000</b>	<b>94,000</b>
<b>Expenditures</b>									
210	114	10110	00000	Salaries and Fringe	154,817	130,457	123,753	127,753	123,336
				<b>Pay Increase including Fringe</b>					
<b>Total Expenditures</b>					<b>154,817</b>	<b>130,457</b>	<b>123,753</b>	<b>127,753</b>	<b>123,336</b>
<b>Change in Fund Balance</b>					<b>(50,847)</b>	<b>(76,323)</b>	<b>57,543</b>	<b>63,247</b>	<b>(29,336)</b>
<b>Beginning Fund Balance</b>					<b>64,096</b>	<b>13,249</b>	<b>(63,074)</b>	<b>(5,531)</b>	<b>57,716</b>
<b>Ending Fund Balance</b>					<b>13,249</b>	<b>(63,074)</b>	<b>(5,531)</b>	<b>57,716</b>	<b>28,380</b>



**Oconee County, South Carolina**  
**Solicitor's Victims Services Special Revenue Fund (215)**  
**2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
<b>Revenues</b>									
215	080	00805	73700	Assessments	2,214	2,765	4,760	3,000	4,000
215	080	00805	73800	Surcharges	22,182	24,344	22,890	20,000	20,000
215	090	00170	70010	General Fund Transfer	30,000	-	55,000	110,000	45,000
<b>Total Revenues</b>					<b>54,396</b>	<b>27,109</b>	<b>82,650</b>	<b>133,000</b>	<b>69,000</b>
<b>Expenditures</b>									
215	512	10110	00000	Salaries and Fringe	68,106	72,982	70,710	74,319	77,532
<b>Total Expenditures</b>					<b>68,106</b>	<b>72,982</b>	<b>70,710</b>	<b>74,319</b>	<b>77,532</b>
<b>Change in Fund Balance</b>					<b>(13,710)</b>	<b>(45,873)</b>	<b>11,940</b>	<b>58,681</b>	<b>(8,532)</b>
<b>Beginning Fund Balance</b>					<b>7,931</b>	<b>(5,779)</b>	<b>(51,652)</b>	<b>(39,712)</b>	<b>18,969</b>
<b>Ending Fund Balance</b>					<b>(5,779)</b>	<b>(51,652)</b>	<b>(39,712)</b>	<b>18,969</b>	<b>10,437</b>

**Oconee County, South Carolina**  
**911 Communications Special Revenue Fund (225)**  
**2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Approved 6/22/2021	FY 2023 Administrator Recommended
<b>Revenues</b>									
225	080	00805	36000	AT&T E-911 Surcharge Taxes	148,834	118,605	102,077	160,000	160,000
225	080	00805	31010	Competitive Local Exchange Carrier Taxes	67,552	47,321	51,609	60,000	60,000
225	081	00810	19050	State Wireless Funding	142,585	123,483	147,159	70,000	70,000
225	081	00810	19070	Budget and Control Board Funding	328,230	598,355	252,120	200,000	200,000
<b>Total Revenues</b>					<b>687,201</b>	<b>887,764</b>	<b>552,965</b>	<b>490,000</b>	<b>490,000</b>
<b>Expenditures</b>									
225	104	30018	00000	Travel	351	360	164	1,000	1,000
225	104	30024	00000	Equipment Maintenance	230,299	700,407	325,215	300,000	300,000
225	104	30041	00000	Telecommunications	100,016	97,752	110,000	150,000	150,000
225	104	30056	00000	Data Processing	20,757	25,308	23,858	50,000	50,000
225	104	30084	00000	Staff Development	7,294	5,491	1,163	7,000	7,000
225	104	40031	00000	Small Capital	10,312	18,365	5,542	20,000	20,000
225	104	40032	00000	Operational	1,922	5,423	3,374	6,000	6,000
225	104	40045	00000	Non-Cap IT Eq/Software	-	1,725	3,174	20,000	20,000
225	104	50840	00000	Equipment, Capital Expenditure	-	-	-	200,000	200,000
225	104	50845	00000	IT Equip, Capital Expenditure	67,019	11,787	57,523	200,000	200,000
225	104	60083	00000	Grant to Indep Agency	-	169,495	80,545	30,000	30,000
<b>Total Expenditures</b>					<b>437,970</b>	<b>1,036,113</b>	<b>610,558</b>	<b>984,000</b>	<b>984,000</b>
<b>Change in Fund Balance</b>					<b>249,231</b>	<b>(148,349)</b>	<b>(57,593)</b>	<b>(494,000)</b>	<b>(494,000)</b>
<b>Beginning Fund Balance</b>					<b>1,292,236</b>	<b>1,541,467</b>	<b>1,393,118</b>	<b>1,335,525</b>	<b>841,525</b>
<b>Ending Fund Balance</b>					<b>1,541,467</b>	<b>1,393,118</b>	<b>1,335,525</b>	<b>841,525</b>	<b>347,525</b>

**Oconee County, South Carolina**  
**Tri-County Technical College Special Revenue Fund (250)**  
**2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
				Number of Mills	3.0	3.0	3.0	3.0	3.0
<b>Revenue</b>									
250	080	00876	00000	Tri-County Technical College	1,729,564	1,735,478	1,808,868	1,700,000	1,825,000
<b>Total Revenues</b>					<b>1,729,564</b>	<b>1,735,478</b>	<b>1,808,868</b>	<b>1,700,000</b>	<b>1,825,000</b>
<b>Expenditures</b>									
250	876	60085	00011	Pendleton Upgrade	486,900	485,200	484,000	460,200	459,100
250	876	60200	00000	County Contribution	1,103,500	1,058,738	1,161,262	1,120,000	1,167,500
<b>Total Expenditures</b>					<b>1,590,400</b>	<b>1,543,938</b>	<b>1,645,262</b>	<b>1,580,200</b>	<b>1,626,600</b>
<b>Transfer out of TCTC Fund</b>					-	-	-	-	-
<b>Change in Fund Balance</b>					<b>139,164</b>	<b>191,540</b>	<b>163,606</b>	<b>119,800</b>	<b>198,400</b>
<b>Beginning Fund Balance</b>					726,667	865,831	1,057,371	1,057,371	1,220,977
<b>Ending Fund Balance</b>					<b>865,831</b>	<b>1,057,371</b>	<b>1,220,977</b>	<b>1,177,171</b>	<b>1,419,377</b>

**Oconee County, South Carolina**  
**Road Maintenance Millage - 2.1 (Fund 260)**  
**2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Recommended
Number of Mills					2.1	2.1	2.1	2.1	2.1
260	080	00868	00000	Road Maintenance Millage	1,209,727	1,207,296	1,263,215	1,171,920	1,260,000
260	082	00830	40010	National Forestry Title I	161,947	153,144	138,300	220,000	220,000
<b>Total Revenues</b>					<b>1,371,674</b>	<b>1,360,440</b>	<b>1,401,515</b>	<b>1,391,920</b>	<b>1,480,000</b>
<b>Expenditures</b>									
260	601	00601	40010	National Forestry	-	-	-	220,000	220,000
260	601	30025	00000	Professional - Road Inventory	33,012	18,475	18,727	40,000	40,000
260	601	30881	00000	Maintenance / Repair Road Paving	10,633	5,432	-	-	-
260	601	40032	00000	Operational	191,093	164,510	160,912	210,000	210,000
260	601	50840	00000	Capital Equipment	-	-	46,051	-	-
260	601	50860	00000	Capital Land	4,317	-	-	-	-
260	601	50881	00000	Road Paving	-	307,162	-	1,800,000	1,800,000
260	601	50882	00000	Capital Road Paving Overlay	-	-	380,549	-	-
260	601	60735	00000	Gravel Use	265,967	258,170	269,663	275,000	275,000
260	095	00171	70013	Interfund Transfer Out - 013	6,715	-	-	-	-
260	095	00171	70012	Interfund Transfer Out - 012	-	105,089	-	-	-
<b>Total Expenditures</b>					<b>511,737</b>	<b>858,838</b>	<b>875,902</b>	<b>2,545,000</b>	<b>2,545,000</b>
<b>Change in Fund Balance</b>					<b>859,937</b>	<b>501,601</b>	<b>525,613</b>	<b>(1,153,080)</b>	<b>(1,065,000)</b>
<b>Beginning Fund Balance</b>					<b>2,259,904</b>	<b>3,119,841</b>	<b>3,119,841</b>	<b>3,621,442</b>	<b>3,645,454</b>
<b>Ending Fund Balance</b>					<b>3,119,841</b>	<b>3,621,442</b>	<b>3,645,454</b>	<b>2,468,362</b>	<b>2,580,454</b>

**Oconee County, South Carolina**  
**Economic Development Capital Projects Fund (315)**  
**2020-2021 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Approved 6/22/2021	FY 2023 Administrator Recommended
<b>Number of Mills</b>					<b>1.1</b>	<b>1.1</b>	<b>1.1</b>	<b>1.1</b>	<b>1.1</b>
<b>Revenue</b>									
315	080	00875	00000	Economic Development Millage (1.1 Mills)	633,820	618,688	659,745	610,822	621,500
315	080	00875	76021	FILOT	416,272	523,547	665,759	500,000	600,000
315	080	00807	00000	Utility Tax Credits	200,000	400,000	-	-	-
315	080	00840	00000	Interest Earnings	16,323	10,912	-	-	-
315	080	00805	10340	Misc Income		-	1,216	-	-
<b>State Grants</b>									
315	081	00825	90116	RIA	500,000	-	500,000	-	-
315	081	00815	90112	C-Funds			70,000		-
<b>Federal Grants</b>									
None									-
<b>Total Revenue</b>					<b>1,766,415</b>	<b>1,553,147</b>	<b>1,896,720</b>	<b>1,110,822</b>	<b>1,221,500</b>
<b>General</b>									
315	707	30025	00000	Professional	9,056	35,543	3,831	1,110,822	951,500
315	707	30025	00088	Professional-Seneca Rail	5,989	-	-	-	-
315	707	30025	00099	Professional-SRP Water/Sewer	-	70,500	26,897	-	-
315	707	30025	00280	Professional-Exit 4 Sewer	-	-	45,659	-	150,000
315	707	30025	00858	Professional - 2016B GO Bond	4,142	18,637	14,254	-	-
315	707	30025	90110	Professional - BREC Contribution	22,870	10,534	-	-	-
315	707	30025	90111	Professional-Alliance	477	8,464	-	-	-
315	707	34043	00000	Electric	8,269	10,212	6,472	-	-
315	707	50830	00099	Cap Infra-SRP Water	-	-	182,566	-	-
315	707	50830	00858	Cap Infra - 2016B GO Bond OITP	65,843	-	-	-	-
315	707	50830	90114	Cap Infra - RIA Grant OITP	178,550	-	500,000	-	-
315	707	50850	92052	Cap Buildings-Chau Ram	-	285,000	90,548	-	-
315	707	50857	00000	Cap Other Improvement (Depreciation)	92,419	-	-	-	-
315	707	50857	00044	Cap Other Improvement Destination Oconee	16,980	-	-	-	-
315	707	50860	00035	Capital Land - Ed Gardner	-	-	5,000	-	-
315	707	50881	90107	Cap Roads-SRP Certif Reimb	-	33,579	-	-	-
315	707	50881	90108	Cap Roads-GCCP Certif Reimb	-	35,605	-	-	-
315	707	50881	90109	Cap Roads-OITP Timber Sales	-	115,680	-	-	-
315	707	50881	90112	Cap Road-C-Funds PCN030548 SRP	-	70,000	-	-	-
315	707	50881	90113	Cap Road-SC Power Team	-	355,000	-	-	-
315	707	50881	90115	Cap Road-BREC OITP	-	163,273	20,091	-	-
315	707	50883	45100	Cap Road Site Prep -C-Funds SRP	-	176,333	-	-	-
315	707	50883	60015	Cap Road Site Prep- OITP	700	-	-	-	-
315	707	50883	60016	Cap Road Site Prep-OITP Entrance	-	20,500	-	-	-
315	707	51030	00000	ED Indust Site Transfer to Company	-	160,174	-	-	-
315	707	60735	00000	General Gravel Use	21,961	-	-	-	-
315	707	82707	00000	Diesel - Economic Development	351	-	-	-	-
315	707	95101	00311	OJRSA-Fair Play Sewer Operations/Maintenance	296	21,007	3,795	-	10,000
315	707	95101	00312	OJRSA-Fair Play Sewer Contribution	14,743	312,750	182,377	-	110,000
315	707	95110	00016	Grant to Salem Water Line Loop	-	-	-	-	-
315	707	95110	02041	Grant to Seneca Cat Bus	-	-	300,000	-	-
315	707	95110	20260	Walhalla-Westminster Interconnection	-	35,000	-	-	-
315	707	95110	20265	Contribution to Westminster Water	-	14,375	-	-	-
<b>Total Expenditures</b>					<b>442,646</b>	<b>1,952,166</b>	<b>1,381,490</b>	<b>1,110,822</b>	<b>1,221,500</b>
<b>Excess (Deficiency) of Revenues over Expenditures</b>					<b>1,323,769</b>	<b>(399,019)</b>	<b>515,230</b>	<b>-</b>	<b>-</b>

**Oconee County, South Carolina**  
**Economic Development Capital Projects Fund (315)**  
**2020-2021 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Approved 6/22/2021	FY 2023 Administrator Recommended
<b>Other Financing Sources</b>									
315	090	00170	70013	Transfer From Special Revenue (013)	22,224	-	-	-	-
<b>Other Financing Uses</b>									
315	707	95110	00016	Grant to Salem Water Line Approved by Council 02/16/2021	-	-	-	-	-
315	707	95110	20260	Grant to City of Walhalla - Walhalla-Westminster Interconnection Water Project - \$71,000 approved, paid \$35,000 in FY 2020	-	-	-	-	-
				Sewer/OJRSA	-	-	-	(500,000)	(500,000)
<b>Change in Fund Balance</b>					<b>\$ 1,335,198</b>	<b>\$ (399,019)</b>	<b>\$ 515,230</b>	<b>\$ (500,000)</b>	<b>\$ (500,000)</b>
<b>Beginning Fund Balance</b>					2,917,042	4,252,240	3,853,221	4,368,451	3,868,451
<b>Ending Fund Balance</b>					<b>\$ 4,252,240</b>	<b>\$ 3,853,221</b>	<b>\$ 4,368,451</b>	<b>\$ 3,868,451</b>	<b>\$ 3,368,451</b>

**Oconee County, South Carolina**  
**Bridges and Culverts Capital Projects Fund (320)**  
**2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Approved 6/22/2021	FY 2023 Administrator Recommended
				<b>Number of Mills</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Revenue</b>									
320	080	00899	00000	Bridges and Culverts Millage	571,734	574,740	600,681	550,000	590,000
<b>Total Revenue</b>					<b>571,734</b>	<b>574,740</b>	<b>600,681</b>	<b>550,000</b>	<b>590,000</b>
<b>Expenditures</b>									
320	601	30025	52005	Professional Cherokee Lake Bridge	-	-	19,511	-	-
320	601	50885	52005	Lake Cherokee Bridge	-	-	-	600,000	-
320	601	30885	00000	Maintenance / Repair	65,039	215,345	76,535	550,000	590,000
320	601	50840	00000	Capital Equipment	-	-	69,460	-	-
320	601	50885	59359	Cap Bridge/Culvert - Hoyt Street	-	-	40,764	-	-
320	601	50885	64090	Cap Bridge/Culvert - Duck Pond	-	-	2,976	-	-
<b>Total Expenditures</b>					<b>65,039</b>	<b>215,345</b>	<b>209,246</b>	<b>1,150,000</b>	<b>590,000</b>
<b>Net Fund Balance</b>					<b>506,695</b>	<b>359,396</b>	<b>391,435</b>	<b>(600,000)</b>	<b>-</b>
<b>Beginning Fund Balance</b>					<b>3,832,688</b>	<b>4,339,383</b>	<b>4,339,383</b>	<b>4,698,779</b>	<b>4,730,818</b>
<b>Ending Fund Balance</b>					<b>4,339,383</b>	<b>4,698,779</b>	<b>4,730,818</b>	<b>4,098,779</b>	<b>4,730,818</b>
Roll Forward Fund for Lake Cherokee Bridge - Project total \$600,000									

**Oconee County, South Carolina**  
**Capital Equipment and Vehicle Capital Projects Fund (325)**  
**2020-2021 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Approved 6/22/2021	FY 2023 Administrator Recommended
				Number of Mills		2.0	2.0	2.0	2.0
<b>Revenues</b>									
325	080	00867	00000	Capital Equip/Vehicle Millage		1,096,227	1,211,477	1,096,728	1,175,000
325	090	00170	70010	Transfer from General Fund		275,000	-	-	-
				Transfer from General Capital					
325	090	00170	70012	Projects Fund		129,223	-	-	-
325	090	00180	07190	Insurance Proceeds for Capital		122,933	105,719	75,000	75,000
325	090	00195	10305	Sale of Capital Assets		-	125,862	50,000	50,000
				Use of Fund Balance		-	-	200,000	-
<b>Total Revenues</b>						<b>1,623,383</b>	<b>1,443,058</b>	<b>1,421,728</b>	<b>1,300,000</b>
<b>Expenditures</b>									
325	203	50840	00000	Capital Equipment High Falls		-	13,000	-	-
325	205	50840	00000	Capital Equipment Chau Ram		-	17,593	-	-
325	720	50840	00000	Capital Equipment Airport		24,963	-	-	-
325	101	50870	00000	Capital Vehicle Sheriff		254,283	198,578	-	-
325	110	50870	00000	Capital Vehicle Animal Control		-	29,003	-	-
325	106	50870	00000	Capital Vehicle Detention		66,043	-	-	-
325	301	50870	00000	Capital Vehicle Assessor		-	51,808	-	-
325	601	50870	00000	Capital Vehicle Roads		441,471	469,868	-	-
325	702	50870	00000	Capital Vehicle Building Codes		47,585	-	-	-
325	717	50870	00000	Capital Vehicle Administrator		-	60,448	1,621,728	1,300,000
325	718	50870	00000	Capital Vehicle Solid Waste		376,299	-	-	-
325	720	50870	00000	Capital Vehicle Airport		-	-	-	-
325	721	50870	00000	Capital Vehicle Vehicle Maint		37,443	-	-	-
<b>Total Expenditures</b>						<b>1,248,087</b>	<b>840,298</b>	<b>1,621,728</b>	<b>1,300,000</b>
<b>Net Fund Balance</b>						<b>375,296</b>	<b>602,760</b>	<b>(200,000)</b>	<b>-</b>
Beginning Fund Balance						-	375,296	978,056	778,056
<b>Ending Fund Balance</b>						<b>375,296</b>	<b>978,056</b>	<b>778,056</b>	<b>778,056</b>



**Oconee County, South Carolina  
Parks, Recreation and Tourism (330)  
2022-2023 Budget**

Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Approved 6/22/2021	FY 2023 Administrator Recommended
<b>Number of Mills</b>		1.3	1.3	1.3	1.3
Parks, Recreation and Tourism (1.3)	-	726,285	779,698	717,051	770,000
<b>Total Economic Development Financing Sources</b>		<b>726,285</b>	<b>779,698</b>	<b>717,051</b>	<b>770,000</b>
Parks, Recreation and Tourism					
Professional	-	64,641	15,993	-	-
Cap Buildings - High Falls	-	71,419	-	-	-
South Cove	-	-	-	-	-
Chau Ram Cap Building	-	42,734	-	-	-
Cap Buildings Chau Ram (92052)	2,727	-	-	-	-
Chau Ram - Paving	-	-	38,065	-	-
Misc	-	-	-	1,500,000	770,000
<b>Total Expenditures</b>	<b>2,727</b>	<b>178,795</b>	<b>54,058</b>	<b>1,500,000</b>	<b>770,000</b>
<b>Excess (Deficiency) of Revenues over Expenditures</b>	<b>(2,727)</b>	<b>547,491</b>	<b>725,640</b>	<b>(782,949)</b>	<b>-</b>
<b>Change in Fund Balance</b>	<b>(2,727)</b>	<b>547,491</b>	<b>725,640</b>	<b>1,270,404</b>	<b>487,455</b>
<b>Beginning Fund Balance</b>	<b>-</b>	<b>(2,727)</b>	<b>544,764</b>	<b>1,270,404</b>	<b>487,455</b>
<b>Ending Fund Balance</b>	<b>\$ (2,727)</b>	<b>\$ 544,764</b>	<b>\$ 1,270,404</b>	<b>\$ 487,455</b>	<b>\$ 487,455</b>

**Oconee County, South Carolina  
Rock Quarry Enterprise Fund  
2022-2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Approved 6/22/2021	FY 2023 Administrator Recommended
<b>Operating Revenues</b>									
017	080	00805	00000	Customer Sales	6,103,707	6,458,098	6,596,252	6,755,000	7,400,000
017	080	00805	10340	Miscellaneous	137,157	10,965	68,753	5,000	5,000
<b>Total Revenues</b>					<b>6,240,864</b>	<b>6,469,063</b>	<b>6,665,005</b>	<b>6,760,000</b>	<b>7,405,000</b>
<b>Operating Expenses</b>									
017	719	10110	00000	Salary and Wages	853,579	799,422	739,460	773,955	905,662
017	719	10710	00000	Overtime	90,749	77,305	110,799	100,000	100,000
017	719	20013	00000	Social Security	69,223	65,907	62,216	66,858	71,695
017	719	20014	00000	Retirement	139,318	140,206	134,992	144,727	156,857
017	719	20015	00000	Workers Compensation	47,305	47,283	49,626	41,851	47,978
017	719	20016	00000	Health Insurance	193,951	174,553	210,609	191,919	173,641
017	719	20027	00000	Dental	-	7,474	9,857	11,550	10,450
017	719	20028	00000	Vision	-	1,217	1,696	21,000	1,900
				<b>GASB 68 Pension Expense</b>	<b>(111,468)</b>	<b>-</b>	<b>(53,045)</b>	<b>-</b>	<b>-</b>
<b>Salary and Wage Totals</b>					<b>1,282,657</b>	<b>1,313,367</b>	<b>1,266,210</b>	<b>1,351,860</b>	<b>1,468,183</b>
017	719	30024	00000	Equipment Maintenance	166,736	163,284	775,009	550,000	875,000
017	719	30025	00000	Professional	45,247	42,242	53,917	100,000	100,000
017	719	30037	00000	Equipment Rental	37,024	18,097	65,039	60,000	40,000
017	719	30039	00000	Blasting	581,419	648,161	643,916	725,000	725,000
017	719	30041	00000	Telecommunications	2,908	3,288	-	-	-
017	719	30056	00000	Data Processing	2,394	2,443	4,915	5,000	4,500
017	719	30059	00000	Copier Click Charges	1,599	1,305	1,149	1,590	1,590
017	719	30066	00000	Insurance - Property and Liability	36,624	47,917	49,916	60,000	130,000
017	719	30084	00000	Staff Development	791	7,196	2,204	10,000	10,000
017	719	30091	00000	Special Departmental Supplies	2,684	2,096	-	400	400
017	719	33022	00000	Building/Grounds Maintenance	3,813	5,957	15,388	20,000	20,000
017	719	34042	00000	Gas and Fuel Oil	359	107	999	1,200	2,000
017	719	34043	00000	Electricity	125,407	82,735	130,687	110,000	160,000
017	719	34044	00000	Water/Sewer/Garbage	1,404	2,612	3,972	3,000	4,200
017	719	40027	00000	Safety Equipment	5,132	5,160	7,365	6,000	7,000
017	719	40031	00000	Small Equipment	5,969	8,160	22,612	25,000	25,000
017	719	40032	00000	Operational	23,803	20,887	31,824	30,000	30,000
017	719	40034	00000	Food	1,578	1,474	22,734	2,000	3,000
017	719	40045	00000	Equipment/Software	4,855	1,348	-	3,000	3,000
017	719	40065	00000	Uniforms/Clothing	5,809	4,954	8,703	12,000	12,000
017	719	50841	00000	Equipment Replacement	-	-	-	782,000	1,282,000
017	719	50860	00000	Capital Land	-	-	-	410,000	410,000
017	719	60055	00000	Credit Application Fee	791	666	683	1,000	1,000
017	719	80719	00000	Vehicle Maintenance	322,738	398,535	23,862	20,000	30,000
017	719	81719	00000	Gasoline	9,475	7,888	8,949	10,000	12,000
017	719	72719	00000	Diesel	226,377	234,321	217,287	300,000	350,000
017	719	00000	00000	Loss on Sale of Capital Asset	38,174	-	-	-	-
017	719	90150	73499	Depreciation Expense	390,296	484,827	385,139	500,000	500,000
017	719	90150	73500	Depletion Expense	6,882	6,901	6,882	8,000	8,000
<b>Total Operating Expenses</b>					<b>3,332,945</b>	<b>3,515,928</b>	<b>3,749,361</b>	<b>5,107,050</b>	<b>6,213,873</b>
<b>Net Operating Income (Loss)</b>					<b>2,907,919</b>	<b>2,953,135</b>	<b>2,915,644</b>	<b>1,652,950</b>	<b>1,191,127</b>
017	095	00171	70010	Transfer To General Fund	(500,000)	(750,000)	(750,000)	(1,000,000)	(1,000,000)
017	719	55100	00000	Lease Principal Payment	-	(450,072)	(468,660)	(488,016)	(508,171)
017	719	55200	00000	Lease Interest Payment	(271,009)	(250,831)	(232,179)	(214,437)	(194,281)
<b>Change in Net Assets</b>					<b>2,136,910</b>	<b>1,502,232</b>	<b>1,464,805</b>	<b>(49,503)</b>	<b>(511,325)</b>
<b>Net Position, Beginning of Year</b>					<b>8,607,397</b>	<b>10,744,307</b>	<b>12,246,539</b>	<b>12,246,539</b>	<b>13,711,344</b>
<b>Net Position, End of Year</b>					<b>10,744,307</b>	<b>12,246,539</b>	<b>13,711,344</b>	<b>12,197,036</b>	<b>13,200,019</b>

**Oconee County, South Carolina**  
**Debt Service Fund 090**  
**2022 - 2023 Budget**

Account Number				Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Requested
				Number of Mills	3.0	3.0	3.0	3.0	3.0
090	080	00805	28000	<b>Debt Service Revenue</b>	2,169,469	2,119,688	2,188,702	1,868,306	1,857,268
<b>Total Debt Service Revenue</b>					<b>2,169,469</b>	<b>2,119,688</b>	<b>2,188,702</b>	<b>1,868,306</b>	<b>1,857,268</b>
<b>General Obligation Debt Service</b>									
<b>Principal Payments</b>									
090	854	55100	00000	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	-	-	190,000	640,000	750,000
090	858	55100	00000	2016B GO Bond - Workforce Development Center	348,000	354,000	360,000	366,000	373,000
090	862	55100	00000	2014 SSR Refunding Bond Pointe West (Formerly 2010 SSR Bond)	262,000	273,000	278,000	289,000	294,000
090	892	55100	00000	2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond) (Final Payment FY21/22)	99,554	107,195	103,332	105,275	-
090	893	55100	00000	2019 GO Bond - Keowee Fire District	-	46,395	46,704	47,876	49,078
090	896	55100	00000	2013 GO Bond - Echo Hills	160,000	165,000	170,000	175,000	180,000
090	898	55100	00000	2011 GO Bond - Detention Center (Final Payment FY20/21)	515,000	530,000	545,000	-	-
					<b>1,384,554</b>	<b>1,475,590</b>	<b>1,693,036</b>	<b>1,623,151</b>	<b>1,646,078</b>
<b>Interest Payments</b>									
090	854	55200	00000	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	-	-	91,718	116,369	106,833
090	858	55200	00000	2016B GO Bond - Workforce Development Center	50,286	44,370	38,352	32,232	26,010
090	862	55200	00000	2014 SSR Refunding Bond Pointe West (Formerly 2010 SSR Bond)	57,314	-	42,066	34,143	25,907
090	892	55200	00000	2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond) (Final Payment FY21/22)	7,699	49,847	3,910	1,979	-
090	893	55200	00000	2019 GO Bond - Keowee Fire District	-	11,983	11,674	10,502	9,300
090	896	55200	00000	2013 GO Bond - Echo Hills	60,680	55,880	50,930	45,830	40,580
090	898	55200	00000	2011 GO Bond - Detention Center (Final Payment FY20/21)	337,600	322,150	16,350	-	-
					<b>513,579</b>	<b>484,229</b>	<b>255,000</b>	<b>241,055</b>	<b>208,630</b>
<b>Issuance Costs &amp; Fiscal Charges</b>									
090	854	55300	00000	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	-	125,000	-	1,500	-
090	862	55300	00000	2014 SSR Refunding Bond Pointe West (Formerly 2010 SSR Bond)	1,956	1,956	1,956	2,000	2,000
090	893	55300	00000	2019 GO Bond - Keowee Fire District	11,500	-	-	-	-
090	896	55300	00000	2013 GO Bond - Echo Hills	591	591	591	600	560
090	898	55300	00000	2011 GO Bond - Detention Center (Final Payment FY20/21)	591	650	-	-	-
					<b>14,638</b>	<b>128,197</b>	<b>2,547</b>	<b>4,100</b>	<b>2,560</b>
<b>Total Debt Service Expenditures</b>					<b>1,912,771</b>	<b>2,088,017</b>	<b>1,950,583</b>	<b>1,868,306</b>	<b>1,857,268</b>

**Oconee County, South Carolina**  
**Debt Service Fund 090**  
**2022 - 2023 Budget**

Account Number	Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Budget	FY 2023 Administrator Requested
	Number of Mills	3.0	3.0	3.0	3.0	3.0
<b>Other Financing Sources (Uses)</b>						
<b>Transfers</b>						
	Transfer In - From 10 Fund	-	-	-	-	-
	Transfer In - From 12 Fund	-	-	-	-	-
	Transfer In - From 315 Fund	-	-	-	-	-
	Transfer Out - To 10 Fund	-	-	-	-	-
	Transfer Out - To 12 Fund	-	-	-	-	-
<b>Proceeds from Debt</b>						
	2019 GO Bond - Keowee Fire District	511,500	-	-	-	-
	2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond)	-	-	-	-	-
	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	-	7,369,900	-	-	-
<b>Payment to Refunded Bond Escrow Agent</b>						
	2011 GO Bond - Detention Center	-	(7,244,900)	-	-	-
<b>Short Term GO Debt Transactions Reclassified to Short Term</b>						
	2015 Short Term GO Bond - Bountyland Substation, South Cove & Library Proceeds	-	-	-	-	-
	2015 Short Term GO Bond Principal Payment	-	-	-	-	-
	2016A Short Term GO Bond - Oconee Industry and Technology Park Proceeds	-	-	-	-	-
	2016A Short Term GO Bond Principal Payment	-	-	-	-	-
<b>Total Debt Service Other Financing Sources (Uses)</b>		<b>511,500</b>	<b>125,000</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Net Change in Fund Balance</b>		<b>768,198</b>	<b>156,672</b>	<b>238,119</b>	<b>-</b>	<b>0</b>
<b>Beginning Fund Balance</b>		<b>2,872,814</b>	<b>3,641,012</b>	<b>3,797,684</b>	<b>3,797,684</b>	<b>4,035,803</b>
<b>Ending Fund Balance</b>		<b>3,641,012</b>	<b>3,797,684</b>	<b>4,035,803</b>	<b>3,797,684</b>	<b>4,035,804</b>

**Oconee County, South Carolina  
Debt Service Fund 090  
2022-2023 Budget**

Description	General Obligation Bond, Series 2019 (Keowee Fire Tax District)	General Obligation Bonds, Series 2016B (Workforce Development Center)	General Obligation Bonds, Series 2013 (OITP - Echo Hills Commerce Park)	Refunding Bond, Series 2020 (2011 GO Bond - Detention Center)	Special Source Refunding Revenue Bond, Series 2014 (Pointe West)	Total
<b>Principal</b>	49,078.00	373,000.00	180,000.00	750,000.00	294,000.00	1,646,078
<b>Interest</b>	9,300.18	26,010.00	40,580.00	106,833.00	25,906.50	208,630
<b>Fiscal Charges</b>	-	-	560.00	-	2,000.00	2,560
<b>Total Debt Service Payments</b>	<b>58,378</b>	<b>399,010</b>	<b>221,140</b>	<b>856,833</b>	<b>321,907</b>	<b>1,857,268</b>

<b>Original Principal</b>	511,500	3,300,000	2,600,000	8,000,000	2,993,000
<b>Outstanding Principal as of 6/30/2022</b>	370,525	1,530,000	1,190,000	7,170,000	909,000
<b>Term</b>	10 Years	10 Years	15 Years	10 years	11 Years
<b>Final Maturity Date</b>	2029	2026	2028	2031	2025
<b>Coupon Interest Rate(s)</b>	3.65%	1.70%	3-3.6%	2.03%	2.85%
<b>Counts Against Debt Limit</b>	No	Yes	Yes	Yes	No

**PLANNED ADMINISTRATORS, INC.  
ADMINISTRATIVE SERVICES ONLY (ASO) AGREEMENT**

This Agreement, dated this 22<sup>nd</sup> day of April, 2022, effective for the Administrative Service Period of 12 months beginning May 1, 2022, and ending April 30, 2023, is entered into by and among the Plan Sponsor/Administrator, Oconee County, and the Plan Supervisor, Planned Administrators, Inc. ("PAI").

**WITNESSETH:**

**Whereas,** The Plan Sponsor/Administrator identified above has adopted an Employee Health and Welfare Benefit Plan known as the Oconee County Employee Health and Welfare Benefit Plan ("Plan"), which is set forth in the Plan Document, for certain employees and their dependents (hereinafter referred to as "covered persons"); and

**Whereas,** PAI has been designated by the Plan Sponsor/Administrator as the Third Party Administrator (TPA) to provide administration and claims services for the establishment and operation of the Plan; and

**Whereas,** the Plan Sponsor/Administrator has requested that PAI perform the services that are specified in the Agreement and PAI has agreed to do same upon the terms and conditions hereinafter set forth.

**Now therefore,** in consideration of the mutual promises and covenants contained herein, it is hereby agreed as follows:

**SECTION 1. ADMINISTRATIVE SERVICES**

- 1.1 To the extent specified in Exhibits A, B, C & D attached hereto, PAI shall provide the services for, and shall assist the Plan Sponsor/Administrator in, the administration of the Plan.
- 1.2 PAI shall follow the terms and provisions of the Plan Document in accordance with the Plan Sponsor/Administrator's intent and directions in carrying out the terms and purposes of this Agreement.
- 1.3 To the extent set forth in Exhibits A, B, C & D, PAI shall assist the Plan Sponsor/Administrator in the preparation of any report, or similar papers, required by a state or federal authority, for the Plan.

**SECTION 2. PLAN SPONSOR/ADMINISTRATOR OBLIGATIONS**

- 2.1 It is understood that the effective performance of all obligations hereunder by PAI will require that the Plan Sponsor/Administrator furnish to PAI certain timely reports and information in a form and manner specified by PAI, and such shall be as follows:

- A. Previous Plan Document and Health Insurance Contract;
- B. Plan Summary Booklet;
- C. Copy of previous Carrier's billing for month preceding the effective date of coverage of the new Plan;
- D. Complete, legible, and accurate enrollment forms on all covered employees and timely submission of Employee Data Change Forms and Health Questionnaires when appropriate;
- E. Any and all necessary information regarding any Excess Loss (Stop Loss) Insurance ("Excess Loss (Stop Loss) Insurance" means the insurance procured by the Plan Sponsor/Administrator that insures against claims made in excess of certain amounts); and
- F. Other information or documentation as may be required from time to time, within 30 days of request.

If applicable, items A through C shall be delivered to PAI within 15 days of the effective date of this Agreement. Item D shall be delivered to PAI no later than the 20<sup>th</sup> of each month for enrollments, changes, and questionnaires completed during the prior calendar month.

- 2.2 PAI shall not be responsible for delay in the performance of the claim and administrative and billing services

caused by failure of the Plan Sponsor/Administrator to furnish any required information on a timely basis.

- 2.3 The Plan Sponsor/Administrator shall comply with all requirements of the Employee Retirement Income Security Act of 1974 and any other laws and regulations covering self-funded employee benefits programs.
- 2.4 The Plan Sponsor/Administrator shall be responsible for determining which covered persons are eligible for benefits under the Plan and shall certify this eligibility to PAI. Eligibility determinations shall be made by the Plan Sponsor/Administrator in compliance with the terms of the Plan Document. The Plan Sponsor/Administrator is responsible for ensuring that any member (employees or employees' dependents who Plan Sponsor/Administrator determines are eligible to participate in the Plan and who have elected to participate in the Plan) coverage rescissions reported to PAI are due to fraud, intentional misrepresentation of material fact or non-payment of premium contribution amounts. Any member notices required by law due to rescissions of coverage are also the Plan Sponsor/Administrator's responsibility. The Plan Sponsor/Administrator is responsible for reconciling its employment records to the lists of covered employees on PAI's monthly invoices, and reporting any discrepancies to PAI.
- 2.5 The Plan Sponsor/Administrator shall open and maintain a separate checking account at the bank of its choice, from which claims payments will be issued. The Plan Sponsor/Administrator shall provide PAI with bank account documentation, i.e. signature card, MICR encoded bank specifications sheet. Claims checks will be issued from this account on a twice-weekly basis. The Plan Sponsor/Administrator shall be responsible for timely deposit of sufficient funds for claims checks to be mailed two business days following the date of the check issuance (check date). Escheat/Unclaimed Funds reporting and compliance shall be the responsibility of the Plan Sponsor/Administrator.
- 2.6 The Plan Sponsor/Administrator is responsible for timely payment of all premiums for any insurance purchased by or for the benefit of the Plan. The Plan Sponsor/Administrator has the final authority to decide the insurance company(s) that will provide any such insurance.
- 2.7 If the Plan Sponsor/Administrator purchases COBRA services from PAI, Plan Sponsor/Administrator shall:
  - A. Complete a COBRA initial notification form (which shall be provided by PAI or its designee within ninety (90) days of any new employees and within thirty (30) days of a member's Qualifying Event (as defined in the Plan Document));
  - B. Determine the amount of contributions required for COBRA continuation coverage and notify PAI or its designee of such amount;
  - C. Inform PAI or its designee of continuation rights, by use of the COBRA notification form or other electronic means upon the occurrence of a Qualifying Event;
  - D. Notify PAI or its designee upon receipt of notification of any second Qualifying Event.If the Plan Sponsor/Administrator does not purchase COBRA services from PAI, then this section is not applicable.
- 2.8 Internal Revenue Code Section 125 Plan ("125 Plan") Services: If applicable and if the Plan Sponsor/Administrator purchases 125 Plan Services from PAI, then the Plan Sponsor/Administrator shall:
  - A. Sponsor and encourage employee support of the 125 Plan.
  - B. Provide PAI or its designee (in a format reasonably acceptable to PAI or its designee) any necessary employee payroll, census, benefit information and any other information reasonably requested from time to time by PAI or its designee.
  - C. Be responsible for creation of any 125 Plan documents.
  - D. At all times be responsible for contributions to the 125 Plan and funds held by the 125 Plan.

- E. Report participant terminations and changes of family status to PAI or its designee.
- F. Reconcile payroll amounts redirected to the 125 Plan.
- G. Complete and file form(s) 5500 with the IRS each plan year.
- H. Initiate any action required in the event 125 Plan becomes discriminatory.
- I. Distribute funds according to the requirements of the 125 Plan and PAI's or its designee's direction.

If the Plan Sponsor/Administrator does not purchase 125 Plan Services from PAI, then this section is not applicable.

- 2.9 Summary of Benefits and Coverage (SBC): The Plan Sponsor/Administrator agrees:
- A. To promptly provide to PAI the information necessary to complete the SBC;
  - B. There is an understanding and agreement that the Plan Sponsor/Administrator's failure to provide information in a timely manner may substantially delay and/or jeopardize the timely delivery of the SBC;
  - C. To distribute the SBC required under the Patient Protection and Affordable Care Act (PPACA) to members;
  - D. To ensure that electronic access shall be restricted to a "read-only" or similar basis;
  - E. To replace any hard-copy SBC that is modified by PAI;
  - F. That the hard-copy SBC on file with PAI shall control in the event of any discrepancy; and
  - G. That the Plan Sponsor/Administrator remains solely responsible for the content of the SBC and all other legal requirements related to the SBC. To the extent that PAI incurs any liability as a result of the preparation or distribution of the SBCs to Plan Sponsor/Administrator's members, Plan Sponsor/Administrator shall fully indemnify PAI.

### SECTION 3. PAYMENTS

- 3.1 **Monthly Billing** - Monthly billings reflecting Fixed Costs (all Plan Costs except Claim Costs) will be provided to the Plan Sponsor/Administrator to arrive approximately seven (7) calendar days prior to the first day of the month in which it is due. This bill will reflect all written changes received by PAI prior to the 10th day of the previous month. Payment is due on the 1st day of each month, and will be delinquent if not received prior to the 10th. All claims adjudication will be curtailed on delinquent accounts until such time as the account is brought current. If payment is not received within 30 days following the due date, PAI Administrative and Claims Services may be cancelled. If life insurance premiums are included on the billing, that coverage will also be cancelled. The Plan Sponsor/Administrator is required to pay as billed and accept reasonable or appropriate retroactive additions or terminations, if applicable, on the subsequent month's billing.
- 3.2 If during the operation of the Plan, any tax (other than state or federal income taxes), or any other assessment or premium charge shall be assessed against the Plan, or if PAI is required to pay such tax, PAI shall report the payment to the Plan Sponsor/Administrator and the Plan Sponsor/Administrator shall reimburse PAI for the same, to exclude any expenses or taxes that are not appropriately allocable to the operation of the Plan.
- 3.3 In addition to monthly administrative, claims, and handling fees, the Plan Sponsor/Administrator shall pay PAI additional charges for any special request items or services not specifically covered in Exhibits A, B, C & D. Such items may be:
- A. Printing and supplies expenses incurred after exhausting the supplies provided under the initial set-up fee for Plan inserts, Plan Document changes, ID cards, etc.;
  - B. Special statistical reports other than customary or annual reports, (See Exhibit B, paragraph F). Unusual or



extraordinary expenses for services or support that PAI and the Plan Sponsor/Administrator mutually agreed upon.

- 3.4 All charges incurred as a result of paragraph 3.3 will be submitted for payment on the next Plan monthly billing statement and subject to payment in full with that billing remittance.
- 3.5 All charges incurred for services to be rendered for an administrative run-out of claims at termination of a contract will be billed and remitted as set forth in Section 9, Termination of Agreement, paragraph 9.5.
- 3.6 PAI has the right to change the monthly Fixed Costs charges, in the following circumstances. PAI will, to the extent possible, give the Plan Sponsor/Administrator no less than thirty (30) days advance written notice of the change. The portion of the Fixed Costs representing policy premiums (if any) may be changed at any time the policy premiums are changed by the insurer(s). The administrative service fees of PAI may be changed once every twelve months. PAI may also change the administrative service fees (1) on the date a substantive change is made to the Plan which increases the responsibilities of PAI or (2) on the date the number of employees covered by the Plan has changed by 25% or more since the date the then current administrative services fees were effective. If Fixed Costs charges change during the term of this Agreement, an amended Schedule D will be prepared, agreed upon and initialed by both parties to the Agreement.

#### **SECTION 4. MISCELLANEOUS PROVISIONS**

- 4.1 PAI in performing its obligations under this Agreement is acting only as an agent of the Plan Sponsor/Administrator. For the purposes of the Employee Retirement Income Security Act of 1974, as amended from time to time, and any applicable state legislation of similar nature, the Sponsor shall be the Administrator of the Plan, unless the Sponsor by action of its Board of Directors designates an individual or committee to act as Administrator. In no instance shall PAI be deemed to be, or be, the Sponsor or the Administrator of the Plan for purposes of the Employee Retirement Income Security Act of 1974, as amended from time to time. Both parties acknowledge and agree that all documents and records generated by PAI in performance of its obligations under this Agreement are owned by the Plan Sponsor/Administrator, and that PAI serves as the custodian of such documents and records on behalf of the Plan Sponsor/Administrator.
- 4.2 PAI shall not be liable, nor advance its funds, for the payment of claims under the Plan or insurance or other premiums or monies owed to other providers of goods or services that are the responsibility of the Plan Sponsor/Administrator. PAI shall not be considered the Insurer or Underwriter of the liability of the Plan Sponsor/Administrator to provide benefits for the Plan's covered persons and the Plan Sponsor/Administrator shall have final responsibility and liability for payment of claims in accordance with the provisions of the Plan.
- 4.3 This Agreement shall not restrict PAI from pursuing any and all legal or equitable remedies from any party for any claims, lawsuits, settlements, judgments, costs, penalties, liabilities and expenses ("Damages") resulting from, or related to, any third party claim under this Agreement or the Sponsor/Administrator's Plan or the Plan Document if PAI is acting or administering the Sponsor/Administrator's benefits or Plan Document at the express direction and/or instruction of Sponsor/Administrator unless such Damages are the direct consequence of criminal conduct, fraud or willful misconduct on the part of PAI.
- 4.4 PAI agrees to indemnify and hold harmless the Plan Sponsor/Administrator from any and all claims, lawsuits, settlements, judgments, costs, penalties, liabilities and expenses, including a reasonable attorney's fee (for attorneys chosen by The Plan Sponsor/Administrator), arising out of or related to the Plan, Plan Document or this Agreement, but only if resulting from PAI's criminal conduct, fraud, or willful misconduct.
- 4.5 The Plan Sponsor/Administrator also recognizes and agrees that Plan Sponsor/Administrator's failure to adhere to the check release process as outlined in Section 4.10, or Plan Sponsor/Administrator's failure to pay the Administrative Fee due to PAI under this Agreement, may result in PAI incurring significant costs and has the potential to result in a delay in the release of the claims checks, Provider Vouchers and Explanation of Benefits Statements beyond the time frames for such release as set forth in the U.S. Department of Labor claims regulations. In the event that the Plan Sponsor/Administrator delays the release of any claims checks, or fails to

pay the Administrative Fee, PAI will be entitled to indemnification for any and all claims, lawsuits, settlements, judgments, costs, penalties, liabilities and expenses, including attorneys' fees (for attorneys chosen by PAI), resulting from, or arising out of, based on, or in connection with such delay or non-payment.

- 4.6 PAI may secure the services of actuaries, computer service firms and any other firms it deems necessary in performing its duties under this Agreement.
- 4.7 Both parties acknowledge and agree that pursuant to this Agreement, PAI is an independent contractor under South Carolina State law. Personnel performing services under this Agreement will remain employees of their respective parties and no such employee of either party shall be considered in any way to be an agent, officer, representative, or employee of the other party, or have binding authority as an agent, officer, representative, or employee of the other party.
- 4.8 A. If PAI becomes aware of an excess payment or overpayment made under the Plan in excess of \$50.00, PAI shall use its standard overpayment collection processes and procedures to attempt to recover any overpayment; PAI will not attempt to recover overpayments in the amount of \$50.00 or less. PAI's services for its standard overpayment collection processes are included in the Administrative Charge. In the event PAI uses the services of a Medical Provider Audit Firm ("MPAF"), the fee for such MPAF services shall be based on a percentage of the amount recovered and is listed on Exhibit D. PAI, in its sole discretion, shall settle and resolve overpayments on any basis it determines is reasonable (provided that PAI may only pursue litigation in accordance with this Section 4.8), including payment of less than the entire overpayment amount. Notwithstanding the foregoing, PAI is not required to initiate court proceedings to comply with this Section 4.8; however, if PAI determines that litigation is necessary to collect the overpayment, PAI will notify Plan Sponsor/Administrator, and Plan Sponsor/Administrator will be solely responsible for the decision to pursue litigation and funding all litigation costs and expenses, including attorney's fees; PAI shall deliver any related files to the Plan Sponsor/Administrator for the Plan Sponsor/Administrator to pursue such amount. PAI shall notify the Plan Sponsor/Administrator whenever attempted recovery of overpayments is unsuccessful, and the Plan Sponsor/Administrator shall hold PAI harmless for any overpayment not recovered.
- B. If PAI becomes aware of a subrogation claim in excess of \$50.00, PAI shall use its standard processes and procedures to attempt to recover the subrogation claim; PAI will not attempt to recover overpayments in the amount of \$50.00 or less. PAI shall charge an additional fee based on a percentage of the subrogation amount recovered (hereinafter the "Subrogation Fee"). The Subrogation Fee is listed on Exhibit D and is not included in the Administrative Charge or any other fee described herein. PAI, in its sole discretion, shall settle and resolve all such claims on any basis it determines as reasonable, including collection of less than the entire amount of such claim and contributions to the Member's attorney's fees. Notwithstanding the foregoing, PAI is not required to initiate court proceedings to comply with this Section 4.8. In the event PAI determines litigation is necessary to recover a subrogation claim, PAI will notify Plan Sponsor/Administrator, and Plan Sponsor/Administrator will be solely responsible for the decision to pursue litigation and funding all litigation costs and expenses, including attorney's fees; PAI shall deliver any related files to the Plan Sponsor/Administrator, for the Plan Sponsor/Administrator to pursue such amount. PAI shall notify the Plan Sponsor/Administrator whenever attempted recovery of subrogation claims is unsuccessful, and the Plan Sponsor/Administrator shall hold PAI harmless for any subrogation claim not recovered. If the Plan Sponsor/Administrator separately contracts with an outside vendor for subrogation services, references to subrogation recovery in this paragraph are not applicable.
- 4.9 The Plan Sponsor/Administrator has separately contracted with a pharmacy benefits manager ("PBM"). PAI shall be entitled to rely on any information provided to it by the Plan Sponsor/Administrator's PBM. PAI shall base certain eligibility, coverage and other determinations in the performance of its responsibilities under this Agreement in reliance on the information so provided, and shall not be required to confirm or verify the accuracy, authenticity or completeness of any information so provided. PAI shall not be liable for any damages that may result from its reliance on and/or utilization of inaccurate or incomplete information received from the Plan Sponsor/Administrator's PBM. If the Plan Sponsor/Administrator's PBM does not electronically exchange member level claims data with PAI, then PAI is not responsible for (1) integrating pharmaceutical claims payment information into members' maximum out-of-pocket accumulators or (2) inclusion of pharmaceutical claims

payment information in stop loss claims submissions for reimbursement.

- 4.10 The Plan Sponsor/Administrator agrees to operate under the prescribed procedures for auto-release of their claims checks. Checks will be mailed two business days after the date of the checks. Failure of the Plan Sponsor/Administrator to comply with prescribed auto-release procedures may result in immediate placement of claims processing on administrative hold.
- 4.11 PAI shall not be bound by any notice, or directive or request unless and until it is received in writing at its office in Columbia, South Carolina, addressed to Planned Administrators, Inc., Post Office Box 6927, Columbia, South Carolina 29260.
- 4.12 This Agreement, including any attached Exhibit, Schedule, Attachment or Supplement, contains the entire agreement between the parties with respect to the subject matter hereof and it supersedes all prior oral or written agreements, commitments or understandings with respect to such matters. Unless otherwise provided in this Agreement, no modification or waiver of any of the provisions, or any future representation, promise, or addition, shall be binding upon the parties unless made in writing and signed by both parties.

#### **SECTION 5. LAWS GOVERNING AGREEMENT**

This Agreement shall be construed and enforced according to the laws of the State of South Carolina, except to the extent such laws are preempted by the Employee Retirement Income Security Act of 1974 and any other federal law in which such federal law shall apply.

#### **SECTION 6. AGREEMENT COUNTERPARTS**

This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, and said counterpart shall constitute but one of the same instrument.

#### **SECTION 7. MODIFICATION OF AGREEMENT**

This Agreement and any attachments thereto constitute the entire Agreement between the parties. Changes in the Agreement or in any attachments must be mutually agreed to, in writing, signed and delivered to the respective parties.

#### **SECTION 8. TIME LIMIT FOR FILING CLAIMS**

- 8.1 It is understood that the Plan Sponsor/Administrator has implemented a self-funded health benefit plan and that all provisions of the Plan must be described in a Plan Document.
- 8.2 The Plan Sponsor/Administrator understands that if it purchases Excess Loss (Stop Loss) coverage to reimburse it for some losses sustained under the Plan, the coverage contract will contain a time limit within which covered and complete claims must be filed by persons covered under the Plan in order for the loss to be reimbursable to the Plan Sponsor/Administrator.
- 8.3 It is understood that the Plan Sponsor/Administrator is responsible for the Plan Document and for all provisions in the Plan Document including, but not limited to, a description of any time limits within which complete claims must be filed. It is understood, further, that if the Plan Document provides for a longer time period to pay claims than the Excess Loss (Stop Loss) coverage provides, there could be claims payable under the Plan which will not be reimbursed by the Excess Loss (Stop Loss) contract, which otherwise might have been reimbursable. In all cases where claims are submitted to PAI for payment, PAI is responsible for processing and presenting claims for payment to the Plan Sponsor/Administrator in a time and manner as specified in Exhibit B, and within a reasonable timeframe to secure reimbursement under the Excess Loss (Stop Loss) contract. If PAI receives a claim after the deadline for reimbursement under the Excess Loss (Stop Loss) contract, PAI will promptly notify the Plan Sponsor/Administrator. PAI will not disrupt the standard flow of the adjudication process, but will follow its standard processing procedures.

Claims must be filed with PAI within the time requirements as set forth in the Plan Document, unless it was not

reasonably possible to do so. PAI will determine if enough information has been submitted to enable proper consideration of the claim.

- 8.4 For purposes of claims processing, a complete claim is one that includes all information necessary for PAI to properly adjudicate the claim. If PAI receives incomplete claims or if the claim is considered incomplete due to any other information being needed, PAI will request the needed information and the Plan Sponsor/Administrator shall be notified in writing, via a monthly "LPR-Claim Letter Listing" report, which informs the Plan Sponsor/Administrator about any claims received by PAI that are pending additional information. This report provides information regarding all letters PAI has sent out to subscribers on behalf of the Plan Sponsor/Administrator, requesting additional information necessary to complete the adjudication of the claim in question. PAI will use reasonable means to secure the information needed for the incomplete claim to become complete. It is ultimately, however, the responsibility of the Plan Sponsor/Administrator to secure any information needed by PAI.
- 8.5 If PAI receives any claim which is incomplete, as described in paragraph 8.4 and the information needed to make the claim complete is not received within the claim filing and payment time limit in the Excess Loss (Stop Loss) contract, that claim if subsequently paid under the Plan may not be reimbursed to the Plan Sponsor/Administrator by the carrier providing the Excess Loss (Stop Loss) coverage.

## **SECTION 9. TERMINATION OF AGREEMENT**

- 9.1 This Agreement may be terminated by either party by written notice of intention to terminate given to the other party, to be effective as of a certain date set forth in the written notice which shall not be less than thirty (30) days from the date of such notice. Failure by the Plan Sponsor/Administrator to render written notice of at least thirty (30) days will result in the equivalent of one month's administrative service fees being due to the Plan Supervisor, payable immediately. Failure of the Plan Sponsor/Administrator to remit said amount will void and invalidate any further obligation of PAI to furnish materials or data as outlined in Section 9, paragraph 9.5, item C.
- 9.2 This Agreement shall automatically terminate in the event of:
- A. Bankruptcy or insolvency of the Plan Sponsor/Administrator or PAI;
  - B. Failure by the Plan Sponsor/Administrator to deliver to PAI on a timely basis the reports and information set forth in Section 2, paragraph 2.1;
  - C. Merger, sale or consolidation of Plan Sponsor/Administrator, unless the surviving entity, as new Plan Sponsor/Administrator, and PAI agree to continue this Agreement;
  - D. Merger, sale or consolidation of PAI, unless the surviving entity, as new Plan Supervisor, and Plan Sponsor/Administrator agree to continue this Agreement;
  - E. The enactment of any law or the promulgation of any regulation, which makes illegal the continuance of this Agreement or the performance of any obligations hereunder;
  - F. Failure of the Plan Sponsor/Administrator to deposit funds for the payment of claims within a two week time period from the date of the checks.

Provided, however, in the event of any termination of this Agreement pursuant to items A through F of this Section 9.2, such termination shall not occur and shall not be effective until the 15<sup>th</sup> day after the terminating party notifies the other party in writing that the Agreement is being terminated. As to items B and F above, there shall be a right to cure the default during the first 7 days of this 15-day notice period.

- 9.3 In the event of termination of this Agreement, PAI shall complete the processing of all fully documented requests for claim payments under the Plan that were received by it and are due and payable prior to the termination of this Agreement, but it shall have no obligation:
- A. To complete the processing of any such requests upon its determination that the Plan Sponsor/Administrator

has failed to provide funds for the payment of benefits due;

- B. To process requests for claim payments that were received by it after termination of this Agreement;
- C. To process requests for claims payment for which full documentation does not arrive at PAI until after the termination of the Agreement;
- D. To issue checks after the termination date for requests for claim payment relative to conditions existing on or after such date.

9.4 All checks issued by PAI, which are outstanding upon the termination of this Agreement or issued thereafter in accordance with Section 9, paragraph 9.3, shall continue to be the responsibility and liability of the Plan Sponsor/Administrator. The Plan Sponsor/Administrator shall continue to be responsible and liable for the payment of all benefits and expenses under the Plan after the termination of this Agreement.

9.5 Notwithstanding anything herein to the contrary, if the Agreement is terminated for any reason the following applies:

- A. Termination of this Agreement will result in cessation of all administrative and claims services, upon the date of termination. However, when mutually agreeable the Plan Sponsor/Administrator can request an Administrative and Claims Service Agreement only, to allow for the orderly resolution of the incurred but not paid, pending claims (runout). This in no way will be construed as an extension of any insurance contracts that may exist. Such an agreement can be arranged for three months at a time (up to a total of 12 months), and the runout fees will be based on the administrative rates and number of enrollees on the invoice of the final month of the contract. The monthly runout fees will be determined at the time of contract termination. The monthly runout fees will be equal to 100% of the last contract month's administrative fees for the first three months, 50% of the last contract month's administrative fees for the fourth through sixth months, and 25% of the last contract month's administrative fees for the seventh through twelfth months. Any runout PPO network fees are not reduced quarterly in the same manner as the administrative fees. The runout fees will be payable in advance, unless otherwise agreed upon.
- B. PAI will deliver to the Plan Sponsor/Administrator, for a standard end-of-contract reporting fee of \$500.00, the following items after the termination of this Service Agreement:
  - 1. The Plan year-end closing documentation;
  - 2. A final accounting of all reimbursements made by the Excess Loss (Stop Loss) Carrier;
  - 3. All unused check stock;
  - 4. Copies of paperwork on outstanding reimbursements which was forwarded to Excess Loss (Stop Loss) Carrier;
  - 5. Claims submitted but not processed;
  - 6. All claims documentation and other materials utilized to process claims;
  - 7. A listing of all deductible and out-of-pocket accumulations;
  - 8. Any other documents or records for which PAI is responsible pursuant to the terms of this Agreement.
- C. The delivery of those items in the paragraph above to the Plan Sponsor/Administrator or its representative will release PAI of all further administrative, legal, financial and consultative responsibility of any ongoing or future actions that may be taken by claimants or providers of services, etc.

In Witness whereof, the Plan Sponsor/Administrator and PAI have executed this Agreement as of the day and year first above written.

For: **OCONEE COUNTY**  
By: *Amanda F Brock*  
(Signature)  
Name: Amanda F Brock  
(Print)  
Title: Administrator  
Date: 05.05.2022  
(Please enter exact date signed.)

For: **PLANNED ADMINISTRATORS, INC. (PAI)**  
By: *PJ Rescigno*  
(Signature)  
Name: PJ Rescigno  
(Print)  
Title: AVP Sales and Marketing  
Date: 05/09/2022  
(Please enter exact date signed.)

*This Agreement shall be effective on the earlier of the Effective Date or, if Plan Sponsor/Administrator shall not return an executed copy prior to the Effective Date, the first date the Plan Sponsor/Administrator receives Services. If Plan Sponsor/Administrator has not returned an executed copy of this Agreement prior to the receipt of Services, then the version of this Agreement initially provided to the Plan Sponsor/Administrator shall control.*

## EXHIBIT A

### General Administrative Services

1. PAI will provide technical assistance, guidance and administrative support in the preparation for approval by the Plan Sponsor/Administrator of the following:
  - A. Standard Plan Document with the Schedule of Benefits (Benefit Booklet);  
*(If Plan Sponsor/Administrator has not returned an approved and executed copy of the Plan Document prior to the receipt of Services, then the version of the Plan Document initially provided to the Plan Sponsor/Administrator shall control.)*
  - B. Billing format;
  - C. Checks for any bank account.
2. PAI will provide the following:
  - A. Enrollment/Change Forms;
  - B. Claim Forms (medical, dental, and disability);
  - C. Health Questionnaires;
  - D. Monthly billing;
  - E. Explanation of benefit forms (EOB);
  - F. Standard PAI identification cards.
3. PAI may perform the marketing function to obtain quotes and coordinate the procurement process for any Stop Loss Insurance Contracts.
4. PAI will furnish information to the Plan Sponsor/Administrator necessary for the Plan Sponsor/Administrator to complete 5500 filings (if applicable), within the prescribed deadline of 120 days from end of Plan year. It is the Plan Sponsor/Administrator's responsibility to determine whether the Plan is required to file Form 5500.
5. PAI will print and mail 1099s to the appropriate recipients at the end of each calendar year. PAI's actual cost will be billed to the Plan Sponsor/Administrator. PAI will also electronically file the 1099 information returns with the appropriate governmental authorities, on behalf of the Plan Sponsor/Administrator.
6. If Plan Sponsor/Administrator purchases COBRA Services from PAI, PAI or its designee shall:
  - A. Mail the initial COBRA rights notice (as approved by the Department of Labor) to the member or dependent under the Plan. A separate COBRA rights notice will be mailed to the covered spouse if applicable.
  - B. Send the appropriate COBRA notice and election forms to the qualified beneficiaries and monitor the election period for the COBRA beneficiaries upon notice of a qualified member. (Forms must be completed in its entirety; incomplete elections will be treated as elected as offered.)
  - C. Bill and collect the initial premium payment covering the period during which coverage would have normally ended to the date the beneficiary elects COBRA continuation.
  - D. Bill and collect the monthly premiums from the COBRA beneficiaries who elected continuation of coverage beginning with the first monthly premium due after notice of continuation coverage is made by the beneficiary.
  - E. Monitor the appropriate continuation of coverage period for each beneficiary and disenroll the beneficiary at the end of the period of continued coverage.
  - F. Send conversion notices to eligible COBRA beneficiaries to the extent and within the period prescribed by applicable law, provided that a conversion option is included in their Plan Document.
  - G. Not be responsible for giving notice to the COBRA continuants of any open enrollment periods as well as the available benefit plan options and applicable premium rates for the periods.
  - H. Provide reports as follows:

- 1) a monthly report summarizing the following items for the preceding month: coverage elections and terminations; premium payment status; eligibility expirations; and all changes related to coverage and/or demographics that have been affected;
  - 2) a daily report indicating: receipt of initial premium, notice of election (including type of coverage chosen) and notice of termination (including date of and reason for termination);
  - 3) additional reports may be available upon mutual agreement and for an additional fee.
- I. Forward contributions received for the preceding month to Plan Sponsor/Administrator on a monthly basis, less any amount due as payment for COBRA Services furnished pursuant to this Agreement.

Neither PAI nor its designee shall be responsible for providing notice of any open enrollment periods, available benefit plan options, and/or applicable premium rates for such periods.

PAI or its designee shall rely upon any information provided to it by the Plan Sponsor/Administrator, shall base certain eligibility, coverage and other determinations in the performance of its responsibilities under this Agreement in reliance on the information so provided, and shall not be required to confirm or verify the accuracy, authenticity or completeness of any information so provided. PAI's or its designee's only obligation hereunder shall be to compile such information accurately and to utilize such information in performing its responsibilities under this Agreement.

If the Plan Sponsor/Administrator does not purchase COBRA services from PAI, then this section is not applicable.

7. If Plan Sponsor/Administrator purchases 125 Plan Services from PAI, PAI or its designee shall:
- A. Provide sample announcement letters, sample communications materials for employee education and annual enrollment materials as requested by the Plan/Administrator.
  - B. Process employee reimbursement requests as directed by the Employer's Section 125 Plan, 125 Plan Master Application and IRS guidelines.
  - C. Provide toll-free customer service access via telephone.
  - D. Provide 125 Plan discrimination reports at the beginning and end of the year.
  - E. Provide standard monthly reports for reconciling amounts redirected to the 125 Plan. Standard monthly reports include:
    - 1) Reports detailing the monthly administrative fees;
    - 2) Reports detailing billing for employees; and,
    - 3) Reports detailing employees' elections and participation.
  - F. Not have any obligation or duty to maintain any accounts or handle funds on behalf of the Plan Sponsor/Administrator.

If the Plan Sponsor/Administrator does not purchase 125 Plan Services from PAI, then this section is not applicable.



## **EXHIBIT B**

### **Claim Payment Services**

1. PAI shall, in accordance with the terms of the Plan Document or other written agreements, as originally stated or as subsequently amended, do the following:
  - A. Promptly process claims with respect to covered persons and calculate the amounts due and payable in accordance with the Plan Document.
  - B. Prepare for signature by the authorized party, process and distribute payment checks drawn on the Plan's checking account.
  - C. Prepare and submit all reports and notices of claims to the reinsurer in a time and manner required by the Excess Loss Insurance Policy; maintain records reasonably required by the reinsurer and furnish to the reinsurer upon request, all pertinent data with respect to Covered Persons as required by the Excess Loss Insurance Policy; or perform any other duty in a time and manner as specified in the Excess Loss Insurance Policy. PAI shall promptly notify Plan Sponsor/Administrator of any notices received by PAI from the reinsurer, and promptly forward Excess Loss Insurance reimbursements received from the reinsurer to the Plan Sponsor/Administrator.
  - D. Maintain current and complete records and files of claim payments for each covered person in accordance with PAI's current practices.
  - E. Request, as needed, any Medical Records necessary with which to process claims and file claims reimbursements with the Excess Loss (Stop Loss) carrier on behalf of the Plan Sponsor/Administrator. The Plan Sponsor/Administrator shall be responsible for any expenses incurred in obtaining these Medical Records. This expense will be charged against the Plan Sponsor/Administrator's claims account.
  - F. Submit the following claims related reports to the Plan Sponsor/Administrator:
    1. Check register;
    2. Monthly Individual Specific Analysis (policy year); Benefit Analysis (month-to-date) and Coverage Analysis;
    3. Loss Ratio Report and Benefit Analysis (year-to-date);
    4. The reports in items 1 through 3 above, if requested at intervals other than specified above, will be provided for an additional fee. Non-standard reports such as Cost Containment, Lag Studies, or other program reports, can also be provided for an additional fee. Any such additional fees will be pre-approved by the Plan Sponsor/Administrator.
  - G. Conduct reviews of all written appeals of claim decisions. Claims appeal findings and determinations are subject to the Plan Sponsor/Administrator's right for final approval or denial.

## EXHIBIT C

### Agreement Regarding Disclosure of Group Claim Information

#### HIPAA

1. HIPAA. For purposes of this Section I, any reference to Plan Sponsor/Administrator shall include any group health plan administrated pursuant to the Administrative Services Agreement (the "Agreement").
  - A. Privacy of Protected Health Information.
    - i. PAI is permitted or required to use or disclose Protected Health Information ("PHI") it creates or receives for or from Plan Sponsor/Administrator's health plan or to request PHI on Plan Sponsor/Administrator's health plan's behalf as follows:
      - a. PAI is permitted to request the PHI on Plan Sponsor/Administrator's health plan's behalf, and to use and to disclose the Minimum Necessary PHI to perform functions, activities, or services for or on behalf of Plan Sponsor/Administrator's health plan, as specified in this Agreement.
      - b. PAI may use or disclose PHI it creates for or receives from Plan Sponsor/Administrator as necessary for data aggregation purposes. PAI may use the PHI for PAI's proper management and administration or to carry out PAI's legal responsibilities. PAI may disclose the PHI for PAI's proper management and administration or to carry out PAI's legal responsibilities only if:
        - 1) The disclosure is required by law; or
        - 2) PAI obtains reasonable assurances, in the form of a written contract, from any person or organization to which PAI will disclose PHI that the person or organization will hold such PHI in confidence and use or further disclose it only for the purpose for which PAI disclosed it to the person or organization or as required by law, and promptly notify PAI of any instance of which the person or organization becomes aware in which the confidentiality of such PHI was breached.
    - ii. PAI will develop, document, implement, maintain, and use appropriate administrative, technical, and physical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Plan Sponsor/Administrator's Electronic Protected Health Information that PAI creates, receives, maintains, or transmits on Plan Sponsor/Administrator's behalf as required by the HIPAA Security Rule and as required by the HITECH Act. PAI also shall develop and implement policies and procedures and meet the HIPAA Security Rule documentation requirements as required by the HITECH Act. PAI agrees to mitigate, to the extent practicable, any harmful effect that is known to PAI of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
    - iii. PAI will require any of its subcontractors and agents to provide reasonable assurance that such subcontractor or agent will comply with the same privacy and security obligations as PAI with respect to such PHI.
    - iv. PAI's use, disclosure or request of PHI shall utilize a limited data set if practicable. Otherwise, PAI will, in its performance of the functions, activities, services, and operations allowed or required by this Agreement, make reasonable efforts to use, to disclose, and to request of a covered entity only the minimum amount of Plan Sponsor/Administrator's PHI reasonably necessary to accomplish the intended purpose of the use, disclosure or request.
    - v. PAI will neither use nor disclose PHI except as permitted or required by this Exhibit, or as required by law.
  - B. Individual Rights.
    - i. PAI will, within a reasonable time after Plan Sponsor/Administrator's request, make available to Plan Sponsor/Administrator or, at Plan Sponsor/Administrator's direction, to the individual (or the individual's personal representative) for inspection and obtaining copies, any PHI about the individual that is in PAI's custody or control, so that Plan Sponsor/Administrator may meet its access obligations under 45 C.F.R. § 164.524.
    - ii. PAI will, upon receipt of notice from Plan Sponsor/Administrator, promptly amend any applicable portion of the PHI under 45 C.F.R. § 164.526.

iii. Disclosure Accounting.

- a. PAI will record information concerning each disclosure of PHI, not excepted from disclosure tracking under Section 1(b)(iii)(b) below, that PAI makes to Plan Sponsor/Administrator or a third party. For repetitive disclosures made by PAI to the same person or entity for a single purpose, PAI may provide (i) the disclosure information for the first of these repetitive disclosures; (ii) the frequency, periodicity or number of these repetitive disclosures; and (iii) the date of the last of these repetitive disclosures. PAI will make this disclosure information available to Plan Sponsor/Administrator within a reasonable time after Plan Sponsor/Administrator's request.
  - b. PAI need not record disclosure information or otherwise account for disclosures of PHI that this Agreement or Plan Sponsor/Administrator in writing permits or requires: (i) for purposes of treating the individual who is the subject of the PHI disclosed, payment for that treatment, or for the healthcare operations PAI; (ii) to the individual who is the subject of the PHI disclosed or to that individual's personal representative; (iii) pursuant to a valid authorization by the person who is the subject of the PHI disclosed; (iv) to persons involved in that individual's healthcare or payment related to that individual's healthcare; (v) for notification for disaster relief purposes, (vi) for national security or intelligence purposes; (vii) as part of a limited data set; or (viii) to law enforcement officials or correctional institutions regarding inmates or other persons in lawful custody.
  - c. PAI must have available for Plan Sponsor/Administrator the disclosure information required by Section 1(b)(iii)(a) above for the six (6) years preceding Plan Sponsor/Administrator's request for the disclosure information (except PAI need have no disclosure information for disclosures occurring before the effective date of the Agreement).
- iv. PAI will comply with any reasonable requests for restriction requests or confidential communications of which it is aware and to which Plan Sponsor/Administrator agrees pursuant to 45 C.F.R. § 164.522 (a) or (b).
  - v. In addition to the obligations described above, PAI will provide such additional individual rights to access and accounting as mandated by and, where applicable, the HITECH Act. Specifically, PAI shall make such access information available in an electronic format where directed by Plan Sponsor/Administrator. In addition, PAI shall include within its accounting, disclosures for payment and health care operations purposes where such recording or accounting is required by the HITECH Act. PAI further shall provide any additional information to the extent required by the HITECH Act and any accompanying regulations.
  - vi. Where PAI is contacted directly by an individual based on information provided to the individual by Plan Sponsor/Administrator and where so required by the HITECH Act and/or any accompanying regulations, PAI shall make such disclosure information available directly to the individual.
  - vii. PAI will make its internal practices, books, and records, relating to its use and disclosure of PHI, available to the U.S. Department of Health and Human Services to determine Plan Sponsor/Administrator's compliance with 45 C.F.R. Parts 160-64 or the Agreement.

C. Other Plan Sponsor/Administrator Responsibilities.

- i. Plan Sponsor/Administrator shall promptly provide PAI with Plan Sponsor/Administrator's health plan's notice of privacy practices and any changes to such notice.
- ii. Plan Sponsor/Administrator shall provide PAI with any changes to, or revocation of, authorization by an individual to use or disclose PHI, to the extent such changes affect PAI's permitted or required uses and disclosures.

D. Breach of Privacy Obligations.

- i. PAI agrees to report to Plan Sponsor/Administrator any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.
- ii. In the event Plan Sponsor/Administrator determines that PAI has materially breached this Section 1, Plan Sponsor/Administrator may terminate the Agreement upon thirty (30) days prior written notice to PAI and PAI fails to cure the breach within such thirty (30) day period.

- iii. **Obligations upon Termination.** Upon termination, cancellation, expiration or other conclusion of this Agreement, PAI will, at its sole discretion and if feasible, return to Plan Sponsor/Administrator or destroy all PHI. If PAI agrees to return Plan Sponsor/Administrator's PHI, all costs related to the return of such PHI will be paid by Plan Sponsor/Administrator. PAI may identify any PHI that cannot feasibly be returned to Plan Sponsor/Administrator or destroyed. PAI will limit its further use or disclosure of that PHI that is not returned or destroyed.
  - iv. If for any reason Plan Sponsor/Administrator determines that PAI has breached these terms and such breach has not been cured, but Plan Sponsor/Administrator determines that termination of the Agreement is not feasible, Plan Sponsor/Administrator may report such breach to the U.S. Department of Health and Human Services.
  - v. PAI will have the right to terminate this Agreement if Plan Sponsor/Administrator has engaged in a pattern of activity or practice that constitutes a material breach or violation of Plan Sponsor/Administrator's obligations regarding Plan Sponsor/Administrator's PHI and, on notice of such material breach or violation from PAI, fails to take reasonable steps to cure the breach or end the violation. If Plan Sponsor/Administrator fails to cure the material breach or end the violation within thirty (30) days after receipt PAI's notice, PAI may terminate this Agreement by providing Plan Sponsor/Administrator written notice of termination, stating the uncured material breach or violation that provides the basis for the termination and specifying the effective date of the termination. If for any reason PAI determines that Plan Sponsor/Administrator has breached the terms of this Section I and such breach has not been cured, but PAI determines that termination of this Agreement is not feasible, PAI may report such breach to the U.S. Department of Health and Human Services.
- E. The Plan Sponsor/Administrator, as the plan sponsor of its self-funded group health plan, has amended the plan document to comply with the requirements of 45 CFR Sections 164.314(b) and 164.504(f)(2).
- F. **Security Incident.** If PAI becomes aware of any Security Incident, PAI shall report the same in writing to Plan Sponsor/Administrator as provided below. PAI agrees to mitigate, to the extent practicable, any harmful effect resulting from such Security Incident.
- i. In determining how and how often PAI shall report to Plan Sponsor/Administrator in writing the Security Incidents required above, both Plan Sponsor/Administrator and PAI agree that unsuccessful attempts at unauthorized access or system interference occur frequently and that there is no significant benefit for data security from requiring the documentation and reporting of such unsuccessful intrusion attempts. In addition, both parties agree that the cost of documenting and reporting such unsuccessful attempts as they occur would outweigh any potential benefit gained from reporting them. Consequently, both Plan Sponsor/Administrator and PAI agree that this Agreement shall constitute the documentation, notice and written report of such unsuccessful attempts at unauthorized access or system interference as required above and by 45 C.F.R. Part 164, Subpart C and that no further documentation, notice or report of such attempts will be required. By way of example (and not limitation in any way), the Parties consider the following to be illustrative (but not exhaustive) of Unsuccessful Security Incidents when they do not result in unauthorized access, use, disclosure, modification, or destruction of e-PHI or interference with an information system:
    - a. **Pings on a Party's firewall,**
    - b. **Port scans,**
    - c. **Attempts to log on to a system or enter a database with an invalid password or username,**
    - d. **Denial-of-service attacks that do not result in a server being taken off-line, and**
    - e. **Malware (e.g., worms, viruses).**
  - ii. Otherwise, PAI will document as required by 45 C.F.R. Part 164, Subpart C and report to Plan Sponsor/Administrator any successful unauthorized access, use, disclosure, modification, or destruction of Plan Sponsor/Administrator's Electronic Protected Health Information of which PAI becomes aware if such security incident either (a) results in a breach of confidentiality; (b) results in a breach of integrity but only if such breach results in a significant, unauthorized alteration or destruction of Plan Sponsor/Administrator's Electronic Protected Health Information; or (c) results in a breach of availability of Plan

Sponsor/Administrator's Electronic Protected Health Information, but only if said breach results in a significant interruption to normal business operations. Such reports will be provided in writing within ten (10) business days after PAI becomes aware of the impact of such Security Incident upon Plan Sponsor/Administrator's Electronic Protected Health Information.

- G. In addition to any reporting obligations in this Agreement, PAI will report, following discovery and without unreasonable delay, but in no event later than sixty (60) days following discovery, any "Breach" of "Unsecured Protected Health Information" as these terms are defined by the HITECH Act and any implementing regulations. PAI agrees to mitigate, to the extent practicable, any harmful effect it knows to have resulted from Breach. Any such report shall include, to the extent possible, the identification (if known) of each individual whose Unsecured Protected Health Information has been, or is reasonably believed by PAI to have been, accessed, acquired, or disclosed during such Breach, along with any other information required to be reported under the HITECH Act and any accompanying regulations.
  - H. Plan Sponsor/Administrator represents and certifies that it is solely responsible for and has obtained consent from all members authorizing the release of PHI by PAI to Plan Sponsor/Administrator or, the Plan Sponsor/Administrator otherwise has the legal authority to review, access, and /or use such information.
  - I. Plan Sponsor/Administrator will only use claims information provided by PAI to administer the Plan Sponsor/Administrator's group health plan. This may include auditing, monitoring and evaluating the costs and performance PAI and the Plan Sponsor/Administrator's health plan. Plan Sponsor/Administrator will not use any information provided by PAI for any improper or illegal or unauthorized purpose.
  - J. PAI is prohibited from releasing alcohol and drug abuse patient information protected under 42 U.S.C. § 290dd-2(a) to Plan Sponsor/Administrator.
  - K. If the Plan Sponsor/Administrator accesses the Benefit Coordinator features of the PAI website, it will ensure that Protected Health Information is only accessed while the individual whose information is being accessed is present or such individual has otherwise consented to such access.
  - L. Plan Sponsor/Administrator will protect and safeguard the integrity, privacy and confidentiality of all Protected Health Information in accordance with all federal and state laws, regulations and guidelines governing and applicable to Protected Health Information. Plan Sponsor/Administrator will only use or further disclose Protected Health Information for the purpose for which PAI disclosed it to the Plan Sponsor/Administrator or as required by law, and will promptly notify PAI of any instance of which the person or organization becomes aware in which the confidentiality of such PHI was breached.
  - M. If Plan Sponsor/Administrator requests that PAI disclose Protected Health Information to a third party, Plan Sponsor/Administrator agrees that it will indemnify and hold PAI harmless from any consequences from such disclosure. Plan Sponsor/Administrator will not require PAI to disclose information to any third party until such third party has executed PAI's disclosure agreement.
  - N. Notwithstanding anything herein to the contrary, no provision of this Exhibit C, or the Agreement, shall be interpreted as prohibiting any provision, access, use, or disclosure of information to the extent required by applicable law.
2. Compliance with Standard Transactions. For purposes of this Section 2, any reference to Plan Sponsor/Administrator shall include any group health plan administrated pursuant to this Agreement. If Plan Sponsor/Administrator conducts, in whole or part, Standard Transactions for or on behalf of Plan Sponsor/Administrator's health plan, Plan Sponsor/Administrator will comply, and will require any subcontractor or agent involved with the conduct of such Standard Transactions to comply, with 45 C.F.R. Part 162. All Standard Transactions submitted by the Plan Sponsor/Administrator or its subcontractors must be in a format that is acceptable to PAI.

**EXHIBIT D - Administrative Services Only Agreement**  
**Rate Schedule - Disclosure of Charges Billed by PAI**

GROUP NAME: Oconee County      GROUP #: 817  
 FOR THE PERIOD FROM: 5 / 1 / 2022      TO: 4 / 30 / 2023  
 (Rates are based on "Per Employee Per Month" unless otherwise stated.)

ADMINISTRATIVE SERVICE FEES:		SINGLE	FAMILY
Medical		\$17.00	\$17.00
Dental	Delta Dental Billing Fee	\$4.50	\$4.50
Vision		\$0.00	\$0.00
Short Term Disability (STD)(PAI In-house)		\$0.00	\$0.00
Agent Commission		\$0.00	\$0.00
HIPAA Privacy Services		\$0.75	\$0.75
COBRA Services		\$1.35	\$1.35
MyCatalyst & Broker Fee		\$1.85	\$1.85
NY-HCRA Services		\$0.00	\$0.00

(Monthly NY-HCRA assessment fees will also apply if any subscribers are NY residents)

PPO NETWORK ACCESS FEES:			
Preferred Blue		5% of savings	5% of savings
First Health		25% of savings	25% of savings
First Health		\$6.1 pepm	\$6.1 pepm
		\$0 pepm	\$0 pepm
		\$0 pepm	\$0 pepm
		\$0 pepm	\$0 pepm

**PRE-CERTIFICATION, MEDICAL REVIEW + MANAGED CARE ACCESS FEE**

Managed Care Services	included	included	
Managed Care Services	2.50	2.50	
Maternity Care	n/a	n/a	
Health Management	n/a	n/a	
Complex Care - setup fee per patient	n/a	n/a	
Complex Care - ongoing fees per patient	n/a	n/a	
24 hour Nurse Advisor - pepm	n/a	n/a	
Smoking Cessation	n/a	n/a	
Weight Management	n/a	n/a	
Quit for Life	n/a	n/a	
Cholesterol Management	n/a	n/a	
Back Pain Management	n/a	n/a	
Stress Management	n/a	n/a	
Autism Management	n/a	n/a	

**PRESCRIPTION DRUG PROGRAM**

Applicable Fee Schedule:	PBM:	Magellan Rx		
Per employee per month			\$3.00	\$3.00

ELECTRONIC ELIGIBILITY	ELIG Download Vendor:	ELIG Download Vendor:	\$0.00	\$0.00
DATA WAREHOUSE FEES:		PAI Analytics	0	0
OTHER CHARGES:	Description:	Description:	\$0.00	\$0.00

**STOP LOSS PREMIUMS: (Contract is between Group and Stop Loss Carrier. Not a PAI Contract)**

Medical Specific per employee per month	\$83.20	\$229.19
Medical Specific Marketing Fee - PAI	\$4.89	\$13.49
Medical Specific Marketing Fee - Broker	\$9.79	\$26.96
Rolling Aggregate (medical) per employee per month	\$0.00	\$0.00
Medical Aggregate per employee per month	\$4.48	\$4.48
Medical Aggregate Marketing Fee - PAI	\$0.25	\$0.25
Medical Aggregate Marketing Fee - Broker	\$0.53	\$0.53

**OTHER STOP LOSS INFORMATION      \*\* Note: Please refer to your Stop Loss contract for information concerning:**

- Specific Contract Basis
- Specific Deductible
- Aggregate Contract Basis
- Aggregate Attachment Point
- Maximum Claim Liability Funding Factors
- Any individuals on whom the Stop Loss carrier placed "lasers" or other limitations.
- All other stop loss contract terms and conditions.

\*\* Note: Aggregate attachment point will be determined after final enrollment.

\*\* Note: Contract ending check runs may be processed several working days prior to the end of the contract period, to enable proper and timely year-end closeout under Stop Loss requirements.

**SYSTEM GENERATED REPORTS:**

- Standard monthly reports
- Custom reports (per hour of programming time)

**ONE-TIME SETUP FEE:**

- Includes the initial production and printing of Plan Document      0
- Plan Building and Design (to include loading of benefit maximums if applicable)

**PRINTING CHARGES**

- Employee Booklets: Actual Vendor Cost + 10% Processing Fee

**Group ID Cards:**

- No charge for initial printing. If ID cards reproduced by PAI: Quote will be provided based on group size to include printing and mailing costs
- \* If plastic cards produced by PBM: Initial and Subsequent Printings = Actual Vendor Cost

PPO Directories: Actual Vendor Cost Plus Postage

Check Printing Charges: \$.16 per check

Sponsor/Administrator Initials

*[Handwritten Signature]*

PAI Initials

*PR*

Exhibit D, Page 1

# EXHIBIT D - Administrative Services Only Agreement

## Division of Responsibilities

This Exhibit is a Disclosure of (1) All Charges Billed by PAI, and (2) Responsibilities of Parties to this Agreement.

GROUP NAME: Oconee County

GROUP #: 817

FOR THE PERIOD FROM: 5 /1 /2022

TO:

4 /30/2023

<b>DIVISION OF RESPONSIBILITIES</b>
-------------------------------------

	Plan Sponsor/ Administrator	PAI
<b>Production of Plan Document Draft</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Approval of the Final Plan Design and Plan Document</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Final Approval of Plan Document</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cost of Printing Employee Booklets:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cost of Group I.D. Cards</b>		
a) Initial Plastic ID Cards, new group or bulk reprinting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Subsequent ID Cards, due to membership enrollment changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Cost of Printing or Copying PPO Directories (Initial and Subsequent Orders)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cost of Printing of Membership Applications and Enrollment Forms</b>		
Standard PAI Forms	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Custom Forms Requested by Plan Sponsor/Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Banking:</b>		
a) Claims Checking Account Owned and Maintained By	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Reconciliation of Claims Checking Account	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Escheat/Unclaimed Funds compliance and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Signature of Claims Checks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Cost of Printing Plan Sponsor Claims Check Stock	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Plan Sponsor/Administrator Audit Fees, Bank Fees, Attorney + Other Legal Expenses</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Fees for Medical Information</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Fees for Discounts Obtained and Applied to Non-Network Claims</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Reconciliation of PAI's monthly fixed cost invoice to employment records</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Preparation and Filing of Form 5500</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(PAI will furnish summary information to assist PAI Sponsor/Administrator with Form 5500)		
<b>1099 Forms:</b>		
Preparation, printing, and mailing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Filing of Forms 1099 and other related information returns with governmental authorities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Responsibility for Obtaining Prior Claim Files, Billings and/or Other Required Reports</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Refunds:</b>		
* If refund due to Plan Sponsor/Administrator is identified by and obtained through a Medical Provider Audit Firm (MPAF), MPAF's fee is to be paid by the Plan Sponsor/Administrator. (MPAF fees range from 10% to 15% of the refund secured for the Plan Sponsor/Administrator)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* If subrogation refund due to the Plan Sponsor/Administrator is obtained through the efforts of the BCBSSC Subrogation Research Department, BCBSSC's 30% fee is to be paid by the Plan Sponsor/Administrator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* All refunds identified by PAI, will be sought by PAI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Out of Network Claims Negotiation Fee:</b> 25% of savings to be paid by the Plan Sponsor/Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Sponsor/Administrator Initials     AS    

PAI Initials     PR

# **SELF-FUNDED PLAN DOCUMENT FOR**



## **GROUP MEDICAL PLAN**

**Effective Date: May 1, 2022**



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Capitalized terms are defined in the Definitions section of this Plan Document.

## **ABOUT YOUR PLAN**

**Because of the dramatic increase in the cost of medical care, group health Plans encourage and reward those covered individuals who are selective in their purchase of medical services.**

**Please review this booklet, which describes your health Plan. Be a selective medical consumer and assume the major role in keeping the cost of medical services at a minimum.**

Your Plan Sponsor has established a comprehensive Group Health Plan (Plan) for its Employees. In connection with the Plan, your Plan Sponsor has retained the services of *Planned Administrators, Inc.* (PAI) (a third-party administrator) to process and pay health claims and to provide administrative services in connection with the operation of this Plan of Benefits. PAI has contracted with **BlueCross BlueShield of South Carolina Preferred Blue, First Health and First Health Travel** as the Preferred Provider Organizations (PPOs).

**You will receive maximum Benefits when you use Providers who participate in the PPO Program (the term “PPO Providers” is explained further below) and when you obtain authorization (when required) for services. You will pay more if you do not use PPO Providers or if you do not obtain prior authorization (unless it is an emergency). This information explains how to obtain authorization for services or supplies covered under this Plan.**

It is your responsibility to ensure that your Provider is a PPO Provider. You should verify your Provider’s status before services are rendered. To verify whether your Provider is a PPO Provider, you may:

- Ask the Provider if they participate in the PPO program referenced above.
- See the appropriate website for Provider information. Link available on [www.paisc.com](http://www.paisc.com).
- Call PAI.\*

\* The methods of verifying PPO participation may have timing differences between when a Provider is participating in the PPO or terminating from the PPO. The preferable method of obtaining the most correct information is to ask your Provider.

For South Carolina Employees, the BlueCross BlueShield Preferred Blue Network is the PPO for this Group Health Plan. For Employees living outside of South Carolina, the PPO is First Health. Employees traveling outside of their home networks will have access to First Health Travel.

**PPO Providers** include Hospitals, Skilled Nursing Facilities, Home Health Agencies, hospices, doctors and other Providers of medical services and supplies (as listed in the Definitions section) that have a written agreement with the PPO. Under their agreement with the PPO, PPO Providers will:

- File all claims for Benefits or supplies with PAI;
- Ask you to pay only the Deductible, per occurrence Copays and Coinsurance amounts, if any, for Benefits;
- Accept the preferred allowance as payment in full for Covered Expenses;
- Make sure that all necessary approvals are obtained from the Medical Services Department.

**Non-PPO Providers** include Hospitals, Skilled Nursing Facilities, Home Health Agencies, hospices, doctors and other Providers of medical services and supplies that are not under contract with the PPO. Non-PPO Providers can bill you their total charge. They may ask you to pay the total amount of their charges at the time you receive services or supplies, or to file your own claims, and you will need to obtain any necessary approvals for benefits to be paid. In addition to Deductibles and Coinsurance, you are responsible for the difference between the Non-PPO Provider’s charge and the Allowed Amount for Covered Expenses.

Although Benefits typically are reduced when you use a Non-PPO Provider, Benefits provided by a Non-PPO Provider will be covered at the PPO Provider level under these circumstances:

- In the event treatment is for an Emergency Medical Condition as defined in this Plan of Benefits and PPO Provider care is not available;
- For Dependents living out of state;
- For treatment by a Specialist when a PPO Provider Specialist is not available;
- For Non-PPO Provider ancillary services rendered in a PPO Provider Hospital, and/or

**Out-of-area Emergency Provision**—If a Participant receives care for an Emergency Medical Condition from a Non-Participating Provider, the Plan will pay for Benefits at a PPO Provider level of Benefits if all of these conditions are met:

- You were traveling for reasons other than seeking medical care when the Emergency Medical Condition occurred.
- You were treated for an Accidental injury or new Emergency Medical Condition.

Benefits under this provision are subject to the Deductibles or Copays, Coinsurance and all Plan of Benefits maximums, limits and exclusions.

If you have claims that meet all of these conditions, write or call PAI. PAI will review your claims to determine if additional Benefits can be provided.

### **Customer Service**

PAI is committed to helping you understand your coverage and obtain maximum Benefits on your claims. If you have questions about your coverage, you may call or write PAI at:

**Planned Administrators, Inc.**  
**Attn: Claims**  
**P.O. Box 6927**  
**Columbia, SC 29260**  
**800-768-4375**  
[www.paisc.com](http://www.paisc.com)

Once a claim has been processed, you will have access to an Explanation of Benefits (EOB) at [www.paisc.com](http://www.paisc.com) or by contacting customer service. An EOB also will be mailed to you. The EOB explains who provided the care, the kind of service or supply received, the amount billed, the Allowed Amount, the Coinsurance rate and the amount paid. It also shows Benefit Year Deductible information and the reasons for denying or reducing a claim.

### **Time Limits to File a Claim**

Claims should be filed within 180 days of the date charges were incurred. Benefits are based on the Plan's provisions at the time the charges were incurred. Claims filed later than that date will be decline unless:

- a. it is not reasonably possible to submit the claim in that time;
- b. the claim is submitted within one year from the incurred date. This one year period will only apply when the person is not legally capable of submitting the claim, and the Plan Administrator has final authority to decide whether there is sufficient cause for a claim to be considered beyond the 180 day filing limit.

## **Authorized Representatives and Representatives designated under Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

Unless expressly permitted by law, you and your Dependent's PHI generally cannot be released to any other person without your or your Dependent's consent. Nevertheless, there are instances when you may want someone to discuss your PHI with PAI or receive an Explanation of Benefits etc. to manage your care. In order to comply with applicable laws and also to comply with your request, you must sign a written authorization form. To obtain a copy of the form, please log in to your Member page at [www.paisc.com](http://www.paisc.com) and click on the Forms tab where you will find the PAI HIPAA Forms option. You can print this form and mail to the PAI address, or you can call 800-768-4375 for a copy of the form.

A Provider may be considered a Participant's authorized representative without a specific designation by the Participant when the claim request is for an Urgent Care Claim. A Provider may be a Participant's authorized representative with regard to non-Urgent Care Claims for Benefits or an appeal of an Adverse Benefit Determination only when the Participant gives the Plan supervisor a specific written designation in a format that is reasonably acceptable to PAI to act as an authorized representative. All information and notifications will continue to be directed to the Participant unless the Participant gives contrary directions.

This Plan Sponsor believes this Plan of Benefits is a "grandfathered health Plan" under the Affordable Care Act ("ACA"). As permitted by ACA, a grandfathered health Plan can preserve certain basic health coverage that already was in effect when that law was enacted. Being a grandfathered health Plan means that this Plan of Benefits may not include certain consumer protections of ACA that apply to other Plans; for example, the requirement for the provision of preventive health services without any cost sharing. Nevertheless, grandfathered health Plans must comply with certain other consumer protections in ACA; for example, the elimination of lifetime limits on Benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health Plan and what might cause a Plan to change from grandfathered health Plan status can be directed to the Plan Administrator at the number on your Identification Card. For ERISA Plans, the Participant also may contact the Employee Benefits Security Administration, U.S. Department of Labor, at 866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health Plans.

## PREAUTHORIZATION

To receive the maximum Benefits, certain types of services and equipment and all Admissions require Preauthorization in order to be covered under the Plan. Depending on the type of service, either the BlueCross BlueShield of South Carolina Medical Review Department or Companion Benefit Alternatives, Inc. (“CBA”) must give advance authorization for the services and equipment that require Preauthorization and for all Admissions.

All Admissions and some Benefits (as indicated herein or on the Schedule of Benefits) require Preauthorization to determine the Medical Necessity of such Admission or Benefit. The Group Health Plan reserves the right to add or remove Benefits that are subject to Preauthorization. Each Participant is responsible for obtaining Preauthorization and the appropriate review. If Preauthorization is not obtained for an Admission or outpatient services and the Participant is still admitted, Benefits may be reduced (up to and including denial of all or a portion of the room and board charges associated with the Admission) as listed on the Schedule of Benefits. If a PPO fails to obtain Preauthorization, they are required to write off this reduced amount and cannot bill the Participant for this amount. The Participant is responsible for obtaining Preauthorization for Admission to a Non-PPO Provider facility, and the Participant will be responsible for any penalty or reduction in payable charges as stated in the Schedule of Benefits if approval is not obtained. Preauthorization is obtained through these procedures:

1. For all Admissions that are not the result of an Emergency Medical Condition, Preauthorization is granted or denied in the course of the Preadmission Review.
2. For all Admissions that result from an Emergency Medical Condition, Preauthorization is granted or denied in the course of the Emergency Admission Review.
3. For Admissions that are anticipated to require more days than approved through the initial review process, Preauthorization is granted or denied for additional days in the course of the Continued Stay Review.
4. For specific Benefits that require Preauthorization, Preauthorization is granted or denied in the course of the Preauthorization process.
5. For items requiring Preauthorization, the Medical Review Department or CBA must be called at the numbers listed below or on the Identification Card.

Items requiring Preauthorization are listed on the Schedule of Benefits.

### **Who to Call for Preauthorization**

**For Preauthorization for medical care, call the BlueCross BlueShield of South Carolina Medical Review Department at 800-652-3076.**

**For Preauthorization for Inpatient Mental Health Services, Mental Health Conditions or Substance Use Services, call CBA at 800-868-1032. CBA is a Mental Health and Substance Use subsidiary of BlueCross BlueShield of South Carolina.**

If you are unsure if Preauthorization is required, call PAI customer service. Nevertheless, customer service representatives cannot give approval for services.

These numbers also are on the back of your Identification Card. Be sure to keep your Identification Card with you at all times, since you never know when you may need to reach us.

When you call for Preauthorization, you will be asked for this information:

- Your name and ID number
- Participant’s Employer
- The patient’s name and relationship to you
- The Provider’s name, address and phone number
- If applicable, the Hospital or Skilled Nursing Facility’s name, address and phone number
- The reason the requested service, supply or Admission is necessary

After careful review, your Physician and Hospital will be notified whether the service, supply or Admission is approved as Medically Necessary and how long the approval is valid.

If you are or a Dependent is undergoing a human organ and/or tissue Transplant, written approval must be obtained in advance and the procedure must be done at a facility that PAI designates. **If PAI does not pre-approve these services in writing** or they are not done by a Provider PAI designates, then this Plan will not pay any Benefits.

If your Physician recommends services and supplies for you or your Dependent for any reason, make sure you tell your Physician that your health insurance Plan requires Preauthorization. Participating Providers will be familiar with this requirement and will get the necessary approvals.

Please note that if your claim for services or Benefits is denied, you may request further review under the guidelines set out in the Claims Filing and Appeal Procedures section of this booklet. Remember that a denial of a Preauthorization is a denied claim for purposes of an appeal.

## **CLAIMS FILING AND APPEAL PROCEDURES**

### **A. CLAIMS FILING PROCEDURES**

1. Where a Participating Provider renders services, generally the Participating Provider should either file the claim on a Participant's behalf or provide an electronic means for the Participant to file a claim while the Participant is in the Participating Provider's office. Nevertheless, the Participant is responsible for ensuring that the claim is filed.
2. Written notice of receipt of services on which a claim is based must be furnished to PAI, at its address listed in this booklet, within twenty (20) days of the beginning of services, or as soon thereafter as is reasonably possible. Failure to give notice within the time does not invalidate nor reduce any claim if the Participant can show that it was not reasonably possible to give the notice within the required time frame and if notice was given as soon as reasonably possible. Upon receipt of the notice, PAI will furnish or cause a claim form to be furnished to the Participant. If the claim form is not furnished within fifteen (15) days after PAI receives the notice, the Participant will be deemed to have complied with the requirements of this Plan of Benefits as to proof of loss. The Participant must submit written proof covering the character and extent of the services within this Plan of Benefits' time fixed for filing proof of loss.
3. For Benefits not provided by a Participating Provider, the Participant is responsible for filing claims with PAI. When filing the claims, the Participant will need:
  - a. A claim form for each Participant. Participants can get claim forms from PAI at the telephone number indicated on the Identification Card or via the website, [www.paisc.com](http://www.paisc.com).
  - b. Itemized bills from the Provider(s). These bills should contain the:
    - i. Provider's name and address;
    - ii. Participant's name and date of birth;
    - iii. Participant's Identification Card number;
    - iv. Description and cost of each service;
    - v. Date that each service took place;
    - vi. Description of the illness or injury and diagnosis.
  - c. Participants must complete each claim form and attach the itemized bill(s) to it. If a Participant has other insurance that already paid on the claim(s), the Participant also should attach a copy of the other Plan's Explanation of Benefits notice.
  - d. Participants should make copies of all claim forms and itemized bills for the Participant's records, since they will not be returned. Claims should be mailed to PAI's address listed on the claim form.
4. PAI must receive the claim within ninety (90) days after the beginning of services. Failure to file the claim within the ninety (90) day period, however, will not prevent payment of Covered Expenses if the Participant shows it was not reasonably possible to file the claim timely, provided the claim is filed as soon as is reasonably possible. Except in the absence of legal capacity, claims must be filed no later than twelve (12) months following the date services were received.
5. Receipt of a claim by PAI will be deemed written proof of loss and will serve as written authorization from the Participant to PAI to obtain any medical or financial records and documents useful to the Plan of Benefits. The Plan of Benefits, however, is not required to obtain any additional records or documents to support payment of a claim and is responsible to pay claims only on the basis of the information supplied at the time the claim was processed. Any party who submits medical or financial reports and documents to PAI in support of a Participant's claim will be deemed to be acting as the agent of the Participant. If the Participant desires to appoint an Authorized Representative in connection with such Participant's claims, the Participant should contact PAI for an Authorized Representative form.

6. There are four (4) types of claims: Pre-Service Claims, Urgent Care Claims, Post-Service Claims, and Concurrent Care Claims. The Group Health Plan will make a determination for each type of claim within these time periods:
  - a. Pre-Service Claim
    - i. A determination will be provided in writing or in electronic form within a reasonable period of time, appropriate to the medical circumstances, but no later than fifteen (15) days from receipt of the claim.
    - ii. If a Pre-Service Claim is improperly filed, or otherwise does not follow applicable procedures, the Participant will be sent notification within five (5) days of receipt of the claim.
    - iii. An extension of fifteen (15) days is permitted if PAI (on behalf of the Group Health Plan) determines, for reasons beyond the control of PAI, an extension is necessary. If an extension is necessary, PAI will notify the Participant within the initial fifteen (15) day time period that an extension is necessary, the circumstances requiring the extension, and the date PAI expects to render a determination. If the extension is necessary to request additional information, the extension notice will describe the required information. The Participant will have at least forty-five (45) days to provide the required information. If PAI does not receive the required information within the forty-five (45) day time period, the claim will be denied. PAI will make its determination within fifteen (15) days of receipt of the requested information, or, if earlier, the deadline to submit the information. If PAI receives the requested information after the forty-five (45) days, but within two hundred twenty-five (225) days, the claim will be reviewed as a first-level appeal. Reference the Claims Filing and Appeal Procedures section, B. Appeal Procedures for an Adverse Benefit Determination, for details regarding the appeals process.
  - b. Urgent Care Claim
    - i. A determination will be sent to the Participant in writing or in electronic form as soon as possible, taking into account the medical exigencies, but no later than seventy-two (72) hours from receipt of the claim.
    - ii. If the Participant's Urgent Care Claim is determined to be incomplete, the Participant will be sent a notice to this effect within twenty-four (24) hours of receipt of the claim. The Participant then will have forty-eight (48) hours to provide the additional information. Failure to provide the additional information within forty-eight (48) hours may result in the denial of the claim.
    - iii. If the Participant requests an extension of Urgent Care Benefits beyond an initially determined period and makes the request at least twenty-four (24) hours prior to the expiration of the original determination period, the Participant will be notified within twenty-four (24) hours of receipt of the request for an extension.
  - c. Post-Service Claim
    - i. A determination will be sent within a reasonable time period, but no later than thirty (30) days from receipt of the claim.
    - ii. An extension of fifteen (15) days may be necessary if PAI (on behalf of the Group Health Plan) determines, for reasons beyond the control of PAI, an extension is necessary. If an extension is necessary, PAI will notify the Participant within the initial thirty (30) day time period that an extension is necessary, the circumstances requiring the extension, and the date PAI expects to render a determination. If the extension is necessary to request additional information, the extension notice will describe the required information. The Participant will have at least forty-five (45) days to provide the required information. If PAI does not receive the required information within the forty-five (45) day time period, the claim will be denied. PAI will make its determination within fifteen (15) days of receipt of the requested information, or, if earlier, the deadline to submit the information. If PAI receives the requested information after the forty-five (45) days, but within two hundred twenty-five (225) days, the claim will be reviewed as a first-level appeal. Reference the Claims Filing and Appeal Procedures section, B. Appeal Procedures for an Adverse Benefit Determination, for details regarding the appeals process.



d. Concurrent Care Claim

The Participant will be notified if there is to be any reduction or termination in coverage for ongoing care sufficiently in advance of such reduction or termination to allow the Participant time to appeal the decision before the Benefits are reduced or terminated.

7. Notice of Determination

- a. If the Participant's claim is filed properly, and the claim is in part or wholly denied, the Participant will receive notice of an Adverse Benefit Determination. This notice will:
  - i. State the specific reason(s) for the Adverse Benefit Determination;
  - ii. Reference the specific Plan of Benefits provisions on which the determination is based;
  - iii. Describe additional material or information, if any, needed to complete the claim and the reasons such material or information is necessary;
  - iv. Describe the claims review procedures and the Plan of Benefits and the time limits applicable to such procedures, including a statement of the Participant's right to bring a civil action under section 502(a) of ERISA following an Adverse Benefit Determination on review;
  - v. Disclose any internal rule, guideline, or protocol relied on in making the Adverse Benefit Determination (or state that such information is available free of charge upon request);
  - vi. If the reason for denial is based on a lack of Medical Necessity, or Experimental or Investigational services exclusion or similar limitation, explain the scientific or clinical judgment for the determination (or state that such information will be provided free of charge upon request).
- b. The Participant will also receive a notice if the claim is approved.

**B. APPEAL PROCEDURES FOR AN ADVERSE BENEFIT DETERMINATION**

1. The Participant has one hundred eighty (180) days from receipt of an Adverse Benefit Determination to file an appeal. An appeal must meet these requirements:
  - a. An appeal must be in writing;
  - b. An appeal must be sent (via U.S. mail or FAX) at the address or FAX number below:

Planned Administrators, Inc.  
Attention: Appeals  
P.O. Box 6927  
Columbia, SC 29260  
**FAX 803-870-8012**
  - c. The appeal request must state that a formal appeal is being requested and include all pertinent information regarding the claim in question;
  - d. An appeal must include the Participant's name, address, identification number and any other information, documentation or materials that support the Participant's appeal.
2. The Participant may submit written comments, documents, or other information in support of the appeal, and will (upon request) have access to all documents relevant to the claim. A person other than the person who made the initial decision will conduct the appeal. No deference will be afforded to the initial determination.
3. If the appealed claim involves an exercise of medical judgment, the Plan Sponsor will consult with an appropriately qualified health care practitioner with training and experience in the relevant field of medicine. If a health care professional was consulted for the initial determination, a different health care professional will be consulted on the appeal.

4. The final decision on the appeal will be made within the time periods specified below:
  - a. Pre-Service Claim

PAI (on behalf of the Group Health Plan) will decide the appeal within a reasonable period of time, taking into account the medical circumstances, but no later than thirty (30) days after receipt of the appeal.
  - b. Urgent Care Claim

The Participant may request an expedited appeal of an Urgent Care Claim. This expedited appeal request may be made orally, and the Plan Sponsor will communicate with the Participant by telephone or facsimile. The Plan Sponsor will decide the appeal within a reasonable period of time, taking into account the medical circumstances, but no later than seventy-two (72) hours after receipt of the request for an expedited appeal.
  - c. Post-Service Claim

PAI (on behalf of the Group Health Plan) will decide the appeal within a reasonable period of time, but no later than sixty (60) days after receipt of the appeal.
  - d. Concurrent Care Claim

The Plan Sponsor will decide the appeal of Concurrent Care Claims within the time frames set forth in the Claims Filing and Appeal Procedures section, B. Appeal Procedures for an Adverse Benefit Determination, item 4 a.-c., depending on whether such claim also is a Pre-Service Claim, an Urgent Care Claim or a Post-Service Claim.
5. Notice of Final Internal Appeals Determination
  - a. If a Participant's appeal is denied in whole or in part, the Participant will receive notice of an Adverse Benefit Determination.
    - i. State specific reason(s) for the Adverse Benefit Determination;
    - ii. Reference specific provision(s) of the Plan of Benefits on which the Benefit determination is based;
    - iii. State that the Participant is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the claim for Benefits;
    - iv. Disclose and provide any internal rule, guideline, or protocol relied on in making the Adverse Benefit Determination
    - v. If the reason for an Adverse Benefit Determination on appeal is based on a lack of Medical Necessity, or Experimental or Investigational services or other limitation or exclusion, explain the scientific or clinical judgment for the determination (or state that such information will be provided free of charge upon request);
    - vi. Include a statement regarding the Participant's right to request an external review;
    - vii. Include a statement regarding the Participant's right to bring an action under section 502(a) of ERISA.
  - b. The Participant will also receive a notice if the claim on appeal is approved.
6. The Plan Sponsor may retain PAI to assist the Plan Sponsor in making the determination on appeal. Regardless of its assistance, PAI is acting only in an advisory capacity and is not acting in a fiduciary capacity. The Plan Sponsor at all times retains the right to make the final determination.

### **C. EXTERNAL REVIEW PROCEDURES**

1. After a Participant has completed the appeal process, a Participant may be entitled to an additional, external review of the Participant's claim at no cost to the Participant. An external review may be used to reconsider the Participant's claim if PAI has denied, either in whole or in part, the Participant's claim. In order to qualify for external review, the claim must have been denied, reduced, or terminated.

2. After a Participant has completed the appeal process (and an Adverse Benefit Determination has been made), such Participant will be notified in writing of such Participant's right to request an external review. The Participant should file a request for external review within four (4) months of receiving the notice of PAI's decision on the Participant's appeal. In order to receive an external review, the Participant will be required to authorize the release of such Participant's medical records (if needed in the review for the purpose of reaching a decision on Participant's claim).
3. Within six (6) business days of the date of receipt of a Participant's request for an external review, PAI will respond by either:
  - a. Assigning the Participant's request for an external review to an Independent Review Organization and forwarding the Participant's records to such organization;
  - b. Notifying the Participant in writing that the Participant's request does not meet the requirements for an external review and the reasons for PAI's decision.
4. The external review organization will take action on the Participant's request for an external review within forty-five (45) days after it receives the request for external review from PAI.
5. Expedited external reviews are available if the Participant's Physician certifies that the Participant has a serious medical condition. A serious medical condition, as used in the Claims Filing and Appeal Procedures section, C. External Review Procedures, item 5, means one requires immediate medical attention to avoid serious impairment to body functions, serious harm to an organ or body part, or would place the Participant's health in serious jeopardy. If the Participant may be held financially responsible for the treatment, a Participant may request an expedited review of PAI's decision if PAI's denial of Benefits involves Emergency Medical Care and the Participant has not been discharged from the treating Hospital.

## **CASE MANAGEMENT**

\*Case management is provided through a contract between PAI and BlueCross BlueShield of South Carolina.\*

### **COMPREHENSIVE CASE MANAGEMENT**

In the event of a serious or catastrophic illness or injury, this Plan of Benefits provides for a comprehensive case management program. The comprehensive case management program is a patient-centered approach to developing a comprehensive plan of cost-effective health care. The services provided under the case management program include:

- A. Evaluation and assistance for the Participant to help develop a plan of services to meet specific needs;
- B. Assistance with obtaining unusual equipment or supply needs;
- C. Assistance in home care planning and implementation;
- D. Arrangements for needed nursing/caregiver services;
- E. Providing help with assessment of rehabilitation needs and Provider arrangements;
- F. Offering appropriate and effective alternative care/therapy suggestions for Mental Health Services and/or Substance Use Services as determined by medical care review;
- G. Monitoring and assuring treatment programs and interventions for Mental Health Services and/or Substance Use Services;
- H. Functioning as an effective resource for information on treatment facilities and available care for Mental Health Services and/or Substance Use Services.

The case management program is voluntary and will not provide Benefits in excess of those ordinarily available under the Plan.

### **ALTERNATIVE TREATMENT PLAN UNDER CASE MANAGEMENT**

In the course of the case management program, the Plan Administrator shall have the right to alter or waive the normal provisions of this Plan of Benefits when it is reasonable to expect a cost-effective result without a sacrifice to the quality of patient care.

Benefits provided under this section are subject to all other Plan of Benefits provisions. Alternative care will be determined on the merits of each individual case, and any care or treatment provided will not be considered as setting any precedent or creating any future liability with respect to that Participant or any other Participant. Nothing contained in this Plan of Benefits shall obligate the Plan Administrator to approve an alternative treatment plan.

## MEDICAL SCHEDULE OF BENEFITS

This Schedule of Benefits and the Benefits described herein are subject to all terms and conditions of the Plan of Benefits. In the event of a conflict between the Plan of Benefits and this Schedule of Benefits, the Schedule of Benefits shall control. Capitalized terms used in this Schedule of Benefits have the meaning given to such terms in the Plan of Benefits. Percentages stated are those paid by the Group Health Plan. Covered Expenses will be paid only for Benefits that are Medically Necessary.

**Benefit Year is from January 1<sup>st</sup> – December 31<sup>st</sup>.**

### **Deductibles:**

Benefit Year Deductible: Benefits with an “*” indicate that the Benefit Year Deductible is waived.	<p>\$500 per Participant per Benefit Year at a Participating Provider, limited to \$1,500 per family (includes Non-Participating Providers of ambulance services, Emergency Services, and Non-Emergency Services furnished at certain Participating Provider facilities).</p> <p>\$1,000 per Participant per Benefit Year at a Non-Participating Provider, limited to \$3,000 per family</p>
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Benefit Year Deductible and any Copays must be met before any Covered Expenses are paid. The Copay for each Hospital Admission is \$250 at a Participating Provider and \$500 at a Non-Participating Provider.

### **Maximums:**

Annual Out-of-Pocket Maximum:  Includes Benefit Year Deductible, Medical Copays and Medical Coinsurance.	<p>\$4,000 per Participant and \$8,000 per family at a Participating Provider (includes Non-Participating Providers of ambulance services, Emergency Services, and Non-Emergency Services furnished at certain Participating Provider facilities).</p> <p>\$7,500 per Participant and \$15,000 per family at a Non-Participating Provider</p> <p>Allowed Amounts are paid at 100% after the Out-of-Pocket Maximum is met.</p> <p>Covered Expenses that are applied to the Out-of-Pocket Maximum shall contribute to both the Participating and Non-Participating Provider Out-of-Pocket Maximums.</p> <p>Penalties, Prescription Drug Copays and Prescription Drug Coinsurance do not contribute to the Out-of-Pocket Maximum determination, nor does the percentage of reimbursement change from the amount indicated on the Schedule of Benefits.</p>
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## Preauthorization Requirements:

- ◆ **All Admissions require Preauthorization**—If Preauthorization is not obtained for services at a Participating Provider, room and board charges will be denied. Preauthorization for services at a Non-Participating Provider is your responsibility, and you will be responsible for the first \$1,000 if it is not obtained.
- ◆ **Outpatient Services**—Preauthorization is required for these outpatient Benefits:
  - \* Any surgical procedure that may be potentially cosmetic: i.e., blepharoplasty, reduction mammoplasty
  - \* Cancer Chemotherapy
  - \* Hysterectomy
  - \* Experimental or Investigational procedures
  - \* Radiation therapy
  - \* Sclerotherapy
  - \* SeptoplastyIf Preauthorization is not obtained, Benefits may be denied. Benefits for outpatient services that require Preauthorization will be reduced by 50% of the Allowable Charge when Preauthorization is not obtained or approved.
- ◆ **Mental Health/Substance Abuse-** Preauthorization is required for these Mental Health Services and Substance Use Disorder Services:
  - \* Facility-based inpatient services
  - \* Facility-based outpatient services (partial hospitalization, electroconvulsive therapy (ECT) and intensive outpatient programs)
  - \* Inpatient and Outpatient for Mental Health
  - \* Inpatient and Outpatient for Substance Use
  - \* Psychological testing
  - \* Residential Treatment CentersBenefits for psychological testing for the facility-based outpatient services listed below will be reduced by 50% of the Allowable Charge when Preauthorization is not obtained.
- ◆ **Other Services that Require Preauthorization:**
  - \* Ambulance Services including Air Ambulance Services
  - \* Cleft lip and palate
  - \* Dental care for accidental injury
  - \* Durable Medical Equipment when the purchase price or rental cost of the equipment is \$500 or more
  - \* Home Health Care
  - \* Hospice Care
  - \* Human organ and/or tissue Transplants
  - \* Orthotic devices (Limited to initial appliance only)
  - \* Oxygen
  - \* Radiology Management - CAT/MRI/MRA/PET Scans
  - \* Radiation therapy

<b>INPATIENT HOSPITAL SERVICES:</b>	<b>PPO:</b>	<b>Non-PPO:</b>
Preauthorization required except emergency room admissions		
<b>Room and Board:</b>		60%
Semi-private room rate:	80%	
Private room rate:	90%	
All other (non-emergency) Benefits in a Hospital during an Admission (including, for example, facility charges related to the administration of anesthesia, obstetrical services including labor and delivery rooms, drugs, medicine, lab and X-ray services)	80%	60% <sup>2</sup>
<b>Hospital Admission resulting from an emergency room visit:</b>	80%	80% <sup>1</sup>
<b>Skilled Nursing Facility:</b> Limited to 100 days per Benefit Year—Per Admission Copay does not apply	80%	60%
<b>Residential Treatment Facility:</b>	80%	60%
<b>Physical Rehabilitation Facility:</b>	80%	60%
<b>Intensive Care Unit, Cardiac Care Unit, Burn Unit:</b>	80%	60%
<b>Newborn Nursery:</b>	80%	60%
<b>Physician Expenses:</b>	80%	60%
<b>Radiology/Pathology Charges:</b>	80%	60%
<b>Mental Health or Substance Use (Non-Emergency Services):</b>	80%	60% <sup>1 2</sup>
<b>Mental Health or Substance Use, Physician Charges (Non-Emergency Services):</b>	80%	60% <sup>1 2</sup>
<b>Mental Health or Substance Use (Emergency Room Admissions):</b>	80%	80% <sup>1 2</sup>
<b>Mental Health or Substance Use, Physician Charges (Emergency Room Admissions):</b>	80%	80% <sup>1 2</sup>
<b>Anesthesia:</b>	80%	60%
<b>Inpatient Prescription Drugs Only:</b>	80%	60%

<sup>1</sup>When services are received from a Non-PPO provider, and the Non-PPO Provider satisfies advance patient notice and consent requirements, the Participant may be required to pay the balance of the Provider's charge if the Allowable charge is less.

<sup>2</sup>Non-PPO provider at a PPO Provider Facility: When services are received from a Non-PPO provider in a PPO Provider Facility, such services will be processed at the PPO benefit level. This means an application of the appropriate PPO deductible and coinsurance. Otherwise, the Participant must pay the balance of the Provider's Charge, if greater than the Allowable Charge.

<b>OUTPATIENT SERVICES:</b>	<b>PPO:</b>	<b>Non-PPO:</b>
<b>Hospital and Ambulatory Surgical Center Charges:</b>	80%	60% <sup>1 2</sup>
<b>Diagnostic X-ray, Laboratory, Pathology, and Radiology:</b> Preauthorization required for CAT/MRI/MRA/PET Scans	80%	60% <sup>1 2</sup>
<b>Physician Charges (Non-Emergency Services):</b>	80%	60% <sup>1 2</sup>
<b>Emergency Room Charges:</b> Copay waived if admitted	\$250 Copay per visit, then 80%	\$250 Copay per visit, then 80%
<b>Emergency Room Physician Charges:</b>	80%	80%
<b>Preadmission Testing:</b>	80%	60% <sup>1 2</sup>
<b>Anesthesia:</b>	80%	60% <sup>1 2</sup>
<b>Cardiac Rehabilitation:</b>	80%	60% <sup>1 2</sup>
<b>Mental Health or Substance Use (Non-Emergency Services):</b> Preauthorization required	80%	60% <sup>1 2</sup>
<b>Mental Health or Substance Use (Emergency Room) charges:</b> Copay waived if admitted	\$250 Copay per visit, then 80%	\$250 Copay per visit, then 80% <sup>1 2</sup>

<sup>1</sup>When services are received from a Non-PPO provider, and the Non-PPO Provider satisfies advance patient notice and consent requirements, the Participant may be required to pay the balance of the Provider's charge if the Allowable charge is less.

<sup>2</sup>Non-PPO provider **at a PPO Provider Facility:** When services are received **from a Non-PPO provider in a PPO Provider Facility**, such services will be processed at the PPO benefit level. This means an application of the appropriate PPO deductible and coinsurance. Otherwise, the Participant must pay the balance of the Provider's Charge, if greater than the Allowable Charge.

<b>PHYSICIAN OFFICE SERVICES:</b>	<b>PPO:</b>	<b>Non-PPO:</b>
<b>Surgery:</b>	\$25 Copay, then *100%	60%
<b>Physician Office Visit:</b> Including Lab, X-ray, Pathology, Radiology, Supplies, Mental Health, Substance Use, Injections, CAT/MRI/MRA/PET Scans or Allergy Services	\$25 Copay, then *100%	60%
<b>Allergy Injections:</b> Copay applies with or without Office Visit	\$25 Copay, then *100%	60%
<b>Birth Control Device Surgery:</b> Includes Implanon, IUD and Norplant	*100%	Not Covered
<b>Radiology, Pathology, X-ray, Labs, Supplies, CAT/MRI/MRA/PET Scans and Injections (other than Allergy Injections) billed separate from Office Visit:</b> Note: Office Visit Copay applies to all services rendered in a physician's office <b>and billed by the physician</b> . Lab, X-ray or other services billed by another entity will be subject to applicable deductible and coinsurance provisions.	80%	60%
<b>Diagnostic Hearing Exam:</b>	\$25 Copay, then *100%	60%



<b>OTHER SERVICES:</b>	<b>PPO:</b>	<b>Non-PPO:</b>
<b>Chiropractic Care:</b> Limited to 24 visits per Benefit Year	80%	60%
<b>Hospice Care:</b> Preauthorization required	80%	60%
<b>Bereavement Counseling:</b> Limited to 3 visits within 12 months of death	*80%	80%
<b>Home Health Care:</b> Preauthorization required	80%	60%
<b>Durable Medical Equipment (DME):</b> Preauthorization required if \$500 or more	80%	60%
<b>Prosthetics:</b>	80%	60%
<b>Second Surgical Opinion (not mandatory):</b>	*100%	*100%
<b>Human Organ/Tissue Transplants:</b> Preauthorization required	80%	60%
<b>Air Ambulance Service:</b>	*80%	*80% <sup>1 2</sup>
<b>Ground Ambulance Service:</b>	*80%	*80% <sup>1 2</sup>
<b>Physical /Occupational/Speech Therapy:</b>	80%	60%
<b>Radiation Therapy and Chemotherapy:</b> Preauthorization required	80%	60%
<b>Diagnostic Colonoscopies:</b>	80%	60%
<b>Orthotics:</b> Preauthorization required Limited to initial appliance only	80%	60%
<b>Maternity Care:</b>	80%	60%
<b>Private Duty Nursing:</b>	80%	60%
<b>Refractive Eye Surgery:</b> Includes Lasik, PRK, Radial Keratotomy and any similar procedures Limited to lifetime maximum of \$1,000 per eye	50%	50%
<b>All Other Benefits:</b>	80%	60%

<sup>1</sup>When services are received from a Non-PPO provider, and the Non-PPO Provider satisfies advance patient notice and consent requirements, the Participant may be required to pay the balance of the Provider's charge if the Allowable charge is less.

<sup>2</sup>Non-PPO provider **at a PPO Provider Facility:** When services are received **from a Non-PPO provider in a PPO Provider Facility**, such services will be processed at the PPO benefit level. This means an application of the appropriate PPO deductible and coinsurance. Otherwise, the Participant must pay the balance of the Provider's Charge, if greater than the Allowable Charge.

<b>WELLNESS SERVICES:</b>	<b>PPO:</b>	<b>Non-PPO:</b>
<b>Annual Physical Exam:</b>	*100%	Not Covered
<b>Annual Gynecological Exam or Prostate Exam:</b>	*100%	Not Covered
<b>Well-Child Care:</b> Immunizations are covered at 100%, not subject to Benefit Year deductible or Copay	*100%	Not Covered
<b>Routine Mammograms:</b> Subject to these age guidelines: one mammogram is covered between ages 35 and 39 and each year thereafter for women 40 and over.	*100%	Not Covered
<b>Adult and Child Immunizations:</b> Based on CDC guidelines including administration fees (except those required for travel)	*100%	Not Covered
<b>Routine Colonoscopies:</b> Limited to one every 10 years for Participants age 50 or over	*100%	Not Covered
<b>Routine Hearing Exams:</b>	\$25 Copay, then *100%	Not Covered
<b>BlueCross BlueShield of South Carolina Mammography Network Provider:</b>		
<b>Routine Mammogram:</b> BlueCross BlueShield of South Carolina Mammography Benefit subject to these age guidelines: one mammogram is covered between ages 35 and 39 and each year thereafter for women 40 and over.	*100%	

**Note: Benefits covered per ACA guidelines with no cost sharing for services at a Participating Provider.  
Wellness Services that fall outside of ACA Guidelines: \$25 copay, then \*100% IN and Not Covered OON.**

## PRESCRIPTION DRUG BENEFITS

Prescription Drug Benefits are subject to all of the Prescription Drug Exclusions listed in this document.

Prescription Drugs are provided through the Magellan Rx Prescription Drug Program. Magellan Rx uses the Medispan defined drug/therapeutic classification for product coverage and exclusion. Prescription Drugs will be covered in this manner:

Participating Pharmacies:

Copay per prescription (30-day supply maximum per prescription):

Generic Drug	\$3 Copay, then 100%
Brand Name Drug	30% up to a maximum of \$250 per prescription

Participating Pharmacies:

Copay per prescription (90-day supply maximum available for **Maintenance Drugs at all retail locations**):

Generic Drug	\$6 Copay, then 100%
Brand Name Drug	20% up to a maximum of \$250 per prescription

Mail Service Pharmacy:

Copay per prescription (90-day supply maximum per prescription):

Generic Drug	\$6 Copay, then 100%
Brand Name Drug	20% up to a maximum of \$250 per prescription

Diabetic Medication:

30-day supply maximum per prescription	\$50 Copay, then 100%
60-90-day supply maximum per prescription	\$100 Copay, then 100%

Diabetic Supplies:

30-day supply maximum per prescription	\$6 Copay, then 100%
60-90-day supply maximum per prescription	\$12 Copay, then 100%

**Participant will pay the difference in price between the Brand Name Drug and its generic equivalent when a brand name drug is dispensed (up to a maximum of \$225). This differential is in addition to the Brand Name Copayment. However, if there is no Generic bioequivalent available, there will be no additional cost of the Participant (other than the Brand Name Copay).**

- \*Anti-Obesity prescription drugs are covered.
- \*Blood products, blood serum are covered but require prior authorization.
- \*Contraceptives are covered to include injectables, orals, patches and IUDs.
- \* Smoking Cessations drugs are covered at no cost as outlined by ACA.

All Specialty Drugs require Preauthorization and are limited to 30-day supply at retail and mail order locations. Other Drugs may require Prior Authorization as well. Prior authorization is a requirement that your physician obtain approval from your health plan to prescribe a specific medication.

Please visit [www.magellanrx.com](http://www.magellanrx.com) or call Customer Service at 1.800.424.0472 to determine if any of your medications require prior authorization.

All Rx dollars track to a separate Rx OOP Maximum: \$4,150 Individual/ \$8,300 Family (Embedded) not combined with Medical dollars.

### **MEDICARE PART D NOTICE**

The prescription benefits offered by this Benefit Plan are considered “Creditable” for purposes of the CMS/Medicare Part D drug benefit option. This means that the Benefits offered by this Plan are generally the same as, or better than, what would be available under an approved Part D drug option plan. The determination that this Plan’s drugs coverage is “Creditable” is important. As such, if you participate in this Plan’s prescription drug Benefit program, and are also eligible for CMS/Medicare coverage but do not elect a CMS/Medicare Part D option, CMS/Medicare will not penalize you with higher premiums should you elect to participate in such a program in the future.

It is important to note that the “Creditable” coverage provided by this Plan could be forfeited in the event there is a break in coverage of 63 days or more before enrolling in an approved Part D plan.

## MEDICAL BENEFITS

### A. Payment

The payment of Covered Expenses for Benefits is subject to all terms and conditions of the Plan of Benefits and the Schedule of Benefits. In the event of a conflict between the Plan of Benefits and the Schedule of Benefits, the Schedule of Benefits controls. Covered Expenses will be paid only for Benefits:

1. Performed or provided on or after the Participant Effective Date;
2. Performed or provided prior to termination of coverage;
3. Provided by a Provider, within the scope of his or her license;
4. For which the required Preadmission Review, Emergency Admission Review, Preauthorization and/or Continued Stay Review has been requested and Preauthorization was received from PAI (the Participant should refer to the Schedule of Benefits for services that require Preauthorization);
5. That are Medically Necessary;
6. That are not subject to an exclusion of this Plan of Benefits;
7. After the payment of all required Benefit Year Deductibles, Coinsurance and Copays.

### B. Specific Covered Benefits

If all of these requirements are met, the Group Health Plan will provide the Benefits described in this section:

1. All of the requirements of this Benefits Section must be met;
2. The Benefit must be listed in this section;
3. The Benefit (separately or collectively) must not exceed the dollar amount or other limitations contained on the Schedule of Benefits;
4. The Benefit must not be subject to one or more of the exclusions set forth in the Exclusions and Limitations Section.

The Group Health Plan will provide these Benefits:

1. Covered Expenses for **ambulance transportation** (including air ambulance when necessary) when used:
  - A. Locally to or from a Hospital providing Medically Necessary services in connection with an accidental injury or that is the result of an Emergency Medical Condition;
  - B. To or from a Hospital in connection with an Admission.

In some cases, emergency transportation by an air ambulance may qualify as ambulance service. Air ambulance service must be Medically Necessary. Medical Necessity is established when the patient's condition is such that the use of any other method of transportation is contraindicated. All air ambulance services will be individually considered for Medical Necessity, and prior authorization should be obtained if possible.

2. Covered Expenses made by an **Ambulatory Surgical Center** or minor emergency medical clinic.
3. Covered Expenses for the cost and administration of an **anesthetic**; however, anesthesia rendered by the attending surgeon or his/her assistant is excluded.
4. Covered Expenses for **artificial limbs or breast prosthesis**, to replace body parts when the replacement is necessary because of physiological changes.
5. When an **assistant surgeon** is required to render technical assistance at an operation, the eligible expense for such services shall be limited to 20% of the Allowed Amount of the surgical procedure.
6. Covered Expenses incurred for the treatment of **autism**.

7. Covered expenses for **Diabetes Education and Training**.
8. **Blood transfusions**, including cost of blood, blood plasma, blood plasma expanders and other blood products not donated or replaced by a blood bank.
9. Phase II **cardiac rehabilitation** (to improve a patient's tolerance for physical activity or exercise) will be covered under a medically supervised and controlled reconditioning program.
10. Covered Expenses for **chiropractic care**.
11. Charges incurred for Routine Participant Costs for items and services related to **clinical trials** are covered when:
  - A. The Participant has cancer or other life-threatening disease or condition;
  - B. The referring Provider is a Participating Provider that has concluded the Participant's involvement in such a trial would be appropriate;
  - C. The Participant provides medical and scientific information establishing the Participant's involvement in such a trial would be appropriate;
  - D. The services are furnished in connection with an Approved Clinical Trial.

Group Health Plans may not:

- A. Deny a Qualified Individual participation in an Approved Clinical Trial with respect to the treatment of cancer or another life-threatening disease or condition;
- B. Deny (or limit or impose additional conditions on) a Qualified Individual the coverage of Routine Participant Costs for items and services furnished in connection with participation in the trial;
- C. Discriminate against an individual on the basis of the individual's participation in the trial.

**USE OF IN-NETWORK PROVIDERS:** If one or more Participating Providers participate in an Approved Clinical Trial, then the Plan requires the Qualified Individual participate in the trial through a Participating Provider accepting patients for the trial.

**USE OF OUT-OF-NETWORK PROVIDERS:** Qualified Individuals participating in Approved Clinical Trials conducted outside the State in which the Qualified Individual resides will receive out-of-network Benefits for Routine Participant Costs.

12. Initial **contact lenses** or one pair of **eyeglasses** required following cataract surgery;
13. Covered Expenses for **cosmetic surgery**, only for these situations:
  - A. When the malappearance or deformity is due to a congenital anomaly;
  - B. When due solely to surgical removal of all or part of the breast tissue because of an injury or illness to the breast;
  - C. When required for the medical care and treatment of a cleft lip and palate.

Coverage for the proposed cosmetic surgery or treatment must be Preauthorized by the Medical Review Department prior to the date of that surgery or treatment.
14. Charges for **CRNAs and Supervising Medical Doctors** will be a Covered Charge subject to these provisions:
  - A. The Allowed Amount for a CRNA will be 50% of the PPO re-priced amount for the MD Anesthesiologist, subject to all other Plan and modifier limitations.
  - B. If the MD Anesthesiologist is not a PPO, then the CRNA Allowed Amount will be equal to 50% of the UCR for the MD Anesthesiologist, subject to all other Plan and modifier limitations.
  - C. Charges for the Supervising MD will be limited to 50% of the PPO re-priced amount for the MD Anesthesiologist working independently.
15. Covered Expenses for Prescription **Drugs** requiring a written prescription of a licensed Physician; such drugs must be necessary for the treatment of an illness or injury.

16. Covered Expenses for **Durable Medical Equipment** (such as renal dialysis machines, resuscitators or Hospital-type beds), required for temporary therapeutic use in the Participant's home by an individual patient for a specific condition when such equipment ordinarily is not used without the direction of a Physician. If such equipment is not available for rent, the monthly payments toward the purchase of the equipment may be approved by the Plan supervisor. Benefits will be reduced to standard equipment allowances when deluxe equipment is used. The rental or purchase Benefits cannot exceed the purchase price of the equipment. **Preauthorization required for expenses \$500 or more.**
17. Covered Expenses for **electrocardiograms**, electroencephalograms, pneumoencephalograms, basal metabolism tests or similar well-established diagnostic tests generally approved by Physicians throughout the United States.
18. Covered Expenses for **Emergency Services** will be paid for the treatment of Emergency Medical Conditions. Benefits are only available to treat an Emergency Medical Condition provided on an outpatient basis at a Hospital emergency room or department and only for as long as the condition continues to be considered an Emergency Medical Condition, unless otherwise required by applicable law.
19. Covered Expenses for Preauthorized **Home Health Care** when rendered to a homebound Participant in the Participant's current place of residence.
20. Covered Expenses for Preauthorized **Hospice Care** provided in an inpatient or outpatient setting. Bereavement counseling covered for up to three visits for any combination of family members within 12 months of death.
21. **Hospital Covered Expenses** for:
  - A. Daily room and board charges in a Hospital, not to exceed the daily semiprivate room rate (charges when a Hospital private room has been used will be reimbursed at the average semiprivate room rate in the facility). Hospitals with all private rooms will be allowed at the prevailing private room rate;
  - B. The day on which a Participant leaves a Hospital or Skilled Nursing Facility, with or without permission, is treated as the discharge day and will not be counted as an inpatient care day, unless Participant returns to the Hospital by midnight of the same day. The day the Participant returns to the Hospital or Skilled Nursing Facility is treated as the Admission day and is counted as an inpatient care day. The days during which the Participant is not physically present for inpatient care are not counted as inpatient days;
  - C. Confinement in an intensive care unit, cardiac care unit or burn unit;
  - D. Miscellaneous Hospital services and supplies during Hospital confinement if such charges should not have been included in the underlying Hospital charge (as determined by the Plan);
  - E. Inpatient charges for well newborn care for nursery room and board and for professional service. Eligible expenses will be subject to the fee schedule rates for pediatric services and circumcision;
  - F. Outpatient Hospital services and supplies and emergency room treatment.
22. Charges for **Human Organ or Tissue Transplants** subject to these limits:
  - A. The transplant must be performed to replace an organ or tissue of the participant.
  - B. If the organ or tissue donor is a participant and the recipient is not, then the Plan will cover donor organ or tissue charges for:
    - i. Evaluating the organ or tissue;
    - ii. Removing the organ or tissue from the donor.

The Plan will always pay secondary to any other coverage for the organ or tissue donor, however, if no coverage is available for the donor then benefits will be considered under the recipient's coverage and subject to the recipient's deductible and coinsurance. If the donor and recipient are both covered under this Plan the donor's charge will be considered as incurred by the recipient.

This Plan will **not** pay benefits for Travel or Lodging expenses.

**Transplant arrangements are often assisted by Utilization Review, and at times Transplant facilities may or may not participate in one of the approved Preferred Provider Organizations (PPO). If the Utilization Review Coordinator assists in arranging services with an out-of-network facility (and usually is able to negotiate a discount in the process) then network benefit levels will be utilized when benefit payments are issued. If, however, Utilization review approves the Transplant procedure, but the patient**

**chooses to have the service rendered in a non-network facility that is other than that recommended by Utilization review, then the benefits will be paid at the out-of-network benefit level.**

**Preauthorization by Cost Management/Utilization Review is mandatory for Transplant Coverage to be in effect (except for Cornea transplants).**

23. Routine **mammograms**. Non-routine mammograms are covered when Medically Necessary.
24. Care and treatment for **marital or pre-marital** counseling is covered.
25. Expenses for **maternity care** for Employee and covered Dependents.
26. Any expenses incurred in obtaining **medical records** in order to substantiate Medical Necessity.
27. Covered Expenses for dressings, sutures, casts, splints, trusses, crutches, pacemakers, braces (not dental braces) or other **Medical Supplies** determined by the Plan to be appropriate for treatment of an illness or injury.
28. Covered Expenses for **Mental Health Services** if rendered by a licensed medical Physician (M.D.), licensed psychologist (Ph.D.), clinical psychologist, licensed masters social worker or licensed professional counselor. Expenses for psychological testing are also covered.
29. Covered Expenses for **newborn care**. The Plan of Benefits will comply with the terms of the Newborns' and Mothers' Health Protection Act of 1996. The Plan of Benefits will not restrict Benefits for any length of Hospital stay in connection with childbirth for the mother or newborn child to less than forty-eight (48) hours following a vaginal delivery (not including the day of delivery), or less than ninety-six (96) hours following a cesarean section (not including the day of surgery). Nothing in this paragraph prohibits the mother's or newborn's attending Provider, after consulting with the mother, from discharging the mother or her newborn earlier than the specified time frames or from requesting additional time for hospitalization. In any case, PAI may not require that a Provider obtain authorization from PAI for prescribing a length of stay not in excess of forty-eight (48) or ninety-six (96) hours as applicable. Nevertheless, Preauthorization is required to use certain Providers or facilities, or to reduce out-of-pocket costs.
30. Covered Expenses for the treatment and services rendered by an **occupational therapist** in a home setting, at a facility or institution whose primary purpose is to provide medical care for an illness or injury, or at a free-standing outpatient facility.
31. Charges for Injury to or care of the mouth, teeth, gums and alveolar processes will be Covered Expenses only if that care is for these **oral surgical procedures**:
  - A. Emergency repair due to Injury to sound natural teeth;
  - B. Surgery needed to correct accidental injuries to the jaws, cheeks, lips, tongue, floor and roof of the mouth;
  - C. Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth when a lab exam is required; excision of benign bony growths of the jaw and hard palate; external incision and drainage of cellulitis and incision of sensory sinuses, salivary glands or ducts.
32. The initial purchase and fitting of **orthotic appliances** such as braces, splints or other appliances which are required for support for an injured or deformed part of the body as a result of a disabling congenital condition or an Injury or Sickness that occurred while covered under the plan. Replacement or repair will be covered only if it is necessary due to a change in the person's physical condition or it is less costly to buy a replacement rather than repair the existing equipment or rent like equipment.
33. Covered Expenses for **oxygen** and other gases and their administration.
34. Covered Expenses incurred for Admission in a **physical rehabilitation facility or Skilled Nursing Facility**, for participation in a multidisciplinary team-structured rehabilitation program following severe neurologic or physical impairment. The Participant must be under the continuous care of a Physician, and the attending Physician must certify that the individual requires nursing care 24 hours a day. Nursing care must be rendered by a registered nurse or a licensed vocational or practical nurse. The confinement cannot be primarily for domiciliary, custodial, personal-type care, care due to senility, alcoholism, drug abuse, blindness, deafness, mental deficiency, tuberculosis or mental disorders.



35. Covered Expenses for the treatment or services rendered by a **physical therapist** in a home setting, a facility or institution whose primary purpose is to provide medical care for an illness or injury, or at a free-standing duly licensed outpatient therapy facility.
36. Covered Expenses for the services of a **Physician** for medical care and/or surgical treatments including office, home visits, Hospital inpatient care, Hospital outpatient visits/exams, clinic care, and surgical opinion consultations, subject to:
- In-Hospital medical service consists of a Physician's visit or visits to a Participant who is a registered bed-patient in a Hospital or Skilled Nursing Facility for treatment of a condition other than that for which surgical service or obstetrical service is required, as follows:
- A. In-Hospital medical Benefits will be provided, limited to one visit per specialty per day;
  - B. In-Hospital medical Benefits in a Skilled Nursing Facility;
  - C. When two or more Physicians, within the same study, render in-Hospital medical services at the same time, payment for such service will be made only to one Physician;
  - D. Concurrent medical/surgical care Benefits for in-Hospital medical service in addition to Benefits for surgical service will be provided only:
    - i When the condition for which in-Hospital medical service requires medical care not related to Surgical or obstetrical service and does not constitute a part of the usual, necessary and related pre-operative and postoperative care but requires supplemental skills not possessed by the attending surgeon or his assistant;
    - ii When a Physician other than a surgeon admits a Participant to the Hospital for medical treatment and it later develops that surgery becomes necessary, such Benefits cease on the date of surgery for the admitting Physician and become payable under the surgeon only;
    - iii When the surgical procedure performed is designated by the Plan supervisor as a "warranted diagnostic procedure" or as a "minor surgical procedure."
37. **Preadmission testing** for a scheduled Admission when performed on an outpatient basis prior to such Admission. The tests must be in connection with the scheduled Admission and:
- A. Must be made within seven (7) days prior to Admission;
  - B. Must be ordered by the same Physician who ordered the Admission and must be Medically Necessary for the illness or injury for which the Participant is subsequently admitted to the Hospital.
38. **Preventive services** are covered according to:
- A. United States Preventive Services Task Force (USPSTF recommendations Grade A or B);
  - B. Centers for Disease Control and Prevention (CDC) recommendations for immunizations;
  - C. Health Resources and Services Administration (HRSA) recommendations for children and women preventive care and screening;
  - D. Women's preventive services as provided under the ACA.
- These Benefits are provided without any cost-sharing by the Participant when the services are provided by a Participating Provider. Any other covered preventive screenings will be provided as shown in the Schedule of Benefits.
39. Covered Expenses for **Private Duty Nursing Care** by a licensed nurse (R.N., L.P.N. or L.V.N.) as follows:
- A. Inpatient Nursing Care: Charges are covered only when care is Medically Necessary or not Custodial in nature and the Hospital's Intensive Care Unit is filled or the Hospital has no Intensive Care Unit.
  - B. Outpatient Nursing Care: Charges are covered only when care is Medically Necessary and not Custodial in nature. The only charges covered for Outpatient nursing care are those covered under Home Health Care and does not include outpatient private duty nursing care on a 24 hour shift basis.
40. Covered Expenses for **radiation therapy** or treatment, and **chemotherapy**.
41. Covered Expenses at a **Residential Treatment Center**.

42. Expenses for a **Second Opinion** (Not Mandatory). The Second Opinion must be rendered by a board-certified surgeon who is not professionally or financially associated with the Physician or the surgeon who rendered the first surgical opinion. The surgeon who gives the second surgical opinion may not perform the surgery. If the Second Opinion is different from the first, a third opinion also will be payable, provided the opinion is obtained before the procedure is performed. The conditions that apply to a Second Opinion also apply to any third surgical opinion.
43. Fees of a licensed **speech therapist** for restorative speech therapy for speech loss or impairment due to:
  - A. Surgery for correction of a congenital condition of the oral cavity, throat or nasal complex (other than a frenulectomy);
  - B. An injury or illness.
44. Covered Expenses for **Substance Use** treatment will be payable if rendered by a licensed medical Physician (M.D.), licensed psychologist (Ph.D.), clinical psychologist, licensed masters social worker or licensed professional counselor. Services or charges for Detoxification are also covered.
45. Covered Expenses for **surgical procedures**, subject to:
  - A. If two or more operations or procedures are performed at the same surgical approach, the total amount covered for the operations or procedures will be payable for the major procedure only, or Benefits will be payable according to the recommendations of the Medical Review Department;
  - B. If two or more operations or procedures are performed at the same time, through different surgical openings or by different surgical approaches, the total amount covered will be paid according to the Allowed Amount for the operation or procedure bearing the highest allowance, plus one half of the Allowed Amount for all other operations or procedures performed;
  - C. If an operation consists of the excision of multiple skin lesions, the total amount covered will be paid according to the Allowed Amount for the procedure bearing the highest allowance, 50 percent (50%) for procedures bearing the second- and third-highest allowance, 25 percent (25%) for procedures bearing the fourth- through the eighth-highest allowance, and 10 percent (10%) for all other procedures;
  - D. If an operation or procedure is performed in two or more steps or stages, coverage for the entire operation or procedure will be limited to the allowance for such operation or procedure;
  - E. If two or more Physicians perform operations or procedures in conjunction with one another, other than as an assistant at surgery or anesthesiologist, the allowance, subject to the above paragraphs, will be prorated between them by the Plan supervisor when so required by the Physician in charge of the case;
  - F. Certain surgical procedures, which are normally exploratory in nature, are designated as “independent procedures” by the Plan supervisor, and the Allowed Amount is covered when such a procedure is performed as a separate and single entity. However, when an independent procedure is performed as an integral part of another surgical service, the total amount covered will be paid according to the Fee Schedule for the major procedure only.
46. Covered Expenses for services for **voluntary sterilization** for Participants.
47. Charges associated with the initial purchase of a **wig after chemotherapy**.
48. Covered Expenses for **x-rays**, microscopic tests, and **laboratory tests**.

## **MEDICAL EXCLUSIONS AND LIMITATIONS**

**Notwithstanding any provision of the Plan to the contrary, if the Plan generally provides Benefits for a type of injury, then in no event shall a limitation or exclusion of Benefits be applied to deny coverage for such injury if the injury results from an act of domestic violence or a medical condition (including both physical and mental health conditions), even if the medical condition is not diagnosed before the injury.**

1. Any service or supply that is not **Medically Necessary**.
2. Charges incurred as a **result of declared or undeclared war or any act of war** or caused during service in the armed forces of any country.
3. **Professional services** billed by a Physician or nurse who is an employee of a Hospital or Skilled Nursing Facility and paid by the Hospital or facility for the service.
4. **Travel expenses**, whether or not recommended by a Physician.
5. Any medical **social services, recreational or Milieu Therapy, education testing or training**, except as part of Preauthorized Home Health Care or Hospice Care program.
6. **Nutritional counseling or vitamins, food supplements, and other dietary supplies** even if the supplements are ordered or prescribed by a Physician. Exceptions to this exclusion are noted under the Medical Schedule of Benefits and the Prescription Drug Benefits section.
7. Services, supplies or charges for **pre-marital and pre-employment physical examinations**.
8. Any service or supply for which a Participant is entitled to receive payment or Benefits (whether such payment or Benefits have been applied for or paid) under any law (now existing or that may be amended) of the United States or any state or political subdivision thereof, except for Medicaid. These include, but may not be limited to, Benefits provided by or payable under **workers' compensation laws**, the Veteran's Administration for care rendered for service-related disability, or any state or federal Hospital services for which the Participant is not legally obligated to pay. This exclusion applies if the Participant receives such Benefits or payments in whole or in part, and is applied to any settlement or other agreement regardless of how it is characterized and even if payment for medical expenses is specifically excluded.
9. Services to the extent the Participant is entitled to payment or Benefits under any **state or federal** program that provides health care benefits, including Medicare, but only to the extent Benefits are paid or are payable under such programs.
10. Charges incurred for which the Participant is not in the absence of this coverage **legally obligated** to pay or for which a charge would not ordinarily be made in the absence of this coverage.
11. Any illness or injury received while committing or attempting to commit a **felony or while engaging in an illegal occupation**.
12. Any service (other than Substance Use Services), medical supplies, charges or losses resulting from a Participant being **Legally Intoxicated or under the influence of any drug or other substance**, or taking some action the purpose of which is to create a euphoric state or alter consciousness. The Participant, or Participant's representative, must provide any available test results showing blood alcohol and/or drug/substance levels upon request. If the Participant refuses to provide these test results, no Benefits will be provided.  
  
Legal Intoxication or Legally Intoxicated means the Participant's blood alcohol level was at or in excess of the amount established under applicable state law to create a presumption and/or inference that the Participant was under the influence of alcohol, when measured by law enforcement or medical personnel.
13. Services and supplies received as the result of any intentionally **self-inflicted injury**.
14. Charges incurred for services or supplies that constitute **personal comfort or beautification items**, such as television or telephone use.
15. All **cosmetic procedures** and any related **medical supplies**, in which the purpose is improvement of appearance or correction of deformity without restoration of bodily function. Examples of services that are cosmetic and are

not covered are: rhinoplasty (nose); mentoplasty (chin), rhytidoplasty (face lift); surgical planing (dermabrasion); and blepharoplasty (eyelid).

16. Charges for **custodial care**, including sitters and companions.
17. Charges for **services, supplies, or treatment** not commonly and customarily recognized throughout the Physician's profession or by the American Medical Association as generally accepted and Medically Necessary for the Participant's diagnosis and/or treatment of the Participant's illness or injury; or charges for procedures, surgical or otherwise, which are specifically listed by the American Medical Association as having no medical value.
18. Any Medical Supplies or services rendered by a Participant to himself or herself or by a Participant's **immediate family** (parent, Child, spouse, brother, sister, grandparent or in-law).
19. Charges for inpatient confinement, primarily for x-rays, laboratory, diagnostic study, physiotherapy, hydrotherapy, medical observation, convalescent, custodial or rest care, or any medical examination or test **not connected with an active illness or injury**, unless otherwise provided under any preventable care covered under this Plan of Benefits.
20. Charges incurred for treatment on or to the **teeth, the nerves or roots of the teeth, gingival tissue or alveolar processes**.
21. Treatment of **infertility** (including the reversal of voluntary sterilization).
22. **Experimental or Investigational** services, including surgery, medical procedures, devices or drugs. The Group Health Plan reserves the right to approve, upon medical review, non-labeled use of chemotherapy agents that have been approved by the Food and Drug Administration (FDA) for cancer.
23. Charges incurred for treatment or supplies of weak, strained, or **flat feet**, instability or imbalance of the feet, treatment of any tarsalgia, metatarsalgia or bunion (other than operations involving the exposure of bones, tendons or ligaments), cutting or removal by any method of toenails or superficial lesions of the feet, including treatment of corns, calluses and hyperkeratoses, unless needed in treatment of a metabolic or peripheral-vascular disease.
24. Charges for **custom molded inserts and/or orthotics, other than the initial appliance, unless needed in treatment of a metabolic or peripheral-vascular disease**.
25. Charges for **maintenance care**. Unless specifically mentioned otherwise, the Plan of Benefits does not provide Benefits for services and supplies intended primarily to maintain a level of physical or mental function.
26. Any service or supply rendered to a Participant for the treatment of **obesity** or for the purpose of weight reduction. This includes all procedures designed to restrict the Participant's ability to assimilate food; for example, gastric bypass, the insertion of gastric bubbles, the wiring shut of the mouth, and any other procedure the purpose of which is to restrict the ability of the Participant to take in food, digest food or assimilate nutrients. Also excluded are services, supplies or charges for the correction of complications arising from weight control procedures, services, supplies or charges, such as procedures to reverse any restrictive or diversionary procedures and such reconstructive procedures as may be necessitated by the weight loss produced by these non-covered restrictive or diversionary procedures, except as specified on the Schedule of Benefits. Examples of such reconstructive procedures include, but are not limited to, abdominal panniculectomy and removal of excessive skin from arms, legs or other areas of the body. Membership fees to weight control programs are also excluded.
27. Any service or treatment for complications resulting from any **non-covered procedures**.
28. Any service or supply rendered to a Participant for the diagnosis or treatment of **sexual dysfunction** (including impotence) except when Medically Necessary due to an organic disease.
29. Any charges for **elective abortions**, except for abortion performed in accordance with federal Medicaid guidelines.
30. No charge will be covered under Medical Benefits for **dental and oral surgical procedures** involving orthodontic care of the teeth, periodontal disease and preparing the mouth for the fitting of or continued use of dentures.
31. Charges not included as part of a Hospital bill for autologous **blood donation** that involves collection and storage of a patient's own blood prior to elective surgery.
32. Charges incurred for **take-home drugs** upon discharge from the Hospital.

33. **Spare items** of the nature of braces of the leg, arm, back and neck, artificial arms, legs or eyes, lenses for the eye, or hearing aids, unless needed due to physiological changes.
34. Care and treatment of **hair loss**.
35. **Exercise programs** for treatment of any condition.
36. Air conditioners, air-purification units, humidifiers, allergy-free pillows, blanket or mattress covers, electric heating units, swimming pools, orthopedic mattresses, exercising equipment, vibratory equipment, elevators or stair lifts, blood pressure instruments, stethoscopes, clinical thermometers, scales, elastic bandages or stockings, wigs, non-Prescription Drugs and medicines, first aid supplies and non-Hospital adjustable beds.
37. **Acupuncture or hypnosis**, except when performed by a Physician in lieu of anesthesia.
38. Care and treatment for **sleep apnea**, unless Medically Necessary.
39. Treatment of **dysfunctional conditions** related to the muscles of mastication, malpositions or deformities of the jaw bone(s), orthognathic deformities, or temporomandibular joint (TMJ) disorders.
40. Charges that exceed any **Benefit limitations** stated in the Medical Schedule of Benefits of this Plan document.
41. Admissions or portions thereof for **custodial care or long-term care** including:
  - A. Rest cares;
  - B. Long-term acute or chronic psychiatric care;
  - C. Care to assist a Participant in the performance of activities of daily living (including, but not limited to: walking, movement, bathing, dressing, feeding, toileting, continence, eating, food preparation and taking medication);
  - D. Care in a sanitarium;
  - E. Custodial or long-term care;
  - F. Psychiatric or Substance Use residential treatment when provided at therapeutic schools; wilderness/boot camps; therapeutic boarding homes; halfway houses; and therapeutic group homes.
42. **Counseling and psychotherapy services** for these conditions are not covered:
  - A. Feeding and eating disorders in early childhood and infancy;
  - B. Tic disorders, except when related to Tourette's disorder;
  - C. Elimination disorders;
  - D. Mental disorders due to a general medical condition;
  - E. Sexual function disorders;
  - F. Sleep disorders;
  - G. Medication-induced movement disorders;
  - H. Nicotine dependence, unless specifically listed as a covered Benefit in the Plan of Benefits or on the Medical Schedule of Benefits.
43. Medical supplies, services or charges for the diagnosis or treatment of sexual and gender identity disorders, learning disorders, dissociative disorders, developmental speech delay, communication disorders, developmental coordination disorders, mental retardation or vocational rehabilitation.
44. **Error**. Charges for care, supplies, treatment, and/or services that are required to treat injuries that are sustained or an illness that is contracted, including infections and complications, while the Participant was under, and due to the care of a Provider wherein such illness, injury, infection or complication is not reasonably expected to occur. This exclusion will apply to expenses directly or indirectly resulting from the circumstances of the course of treatment that, in the opinion of the Plan Administrator, in its sole discretion, unreasonably gave rise to the expense.

45. Charges for services that are not reasonable, not Medically Necessary, are not Usual and Customary, and/or are in excess of the **Maximum Allowable Charge** (See definition of Maximum Allowable Charge for application when utilizing PPO network discounts).
46. **Foreign travel.** Care, treatment or supplies out of the U.S. if travel is for the sole purpose of obtaining medical services (unless Medically Necessary as determined by the Plan Administrator and approved in advance).
47. Charges for care, supplies, treatment, and/or services for expenses actually **incurred by other persons**.
48. Charges for care, supplies, treatment, and/or services for Injuries resulting from **negligence**, misfeasance, malfeasance, nonfeasance or malpractice on the part of any licensed Physician.
49. All charges in connection with treatments or medications where the patient either is in **non-compliance** with or is discharged from a Hospital or Skilled Nursing Facility against medical advice.
50. Care, treatment, services or supplies **not recommended and approved by a Physician**; or treatment, services or supplies when the Participant is not under the regular care of a Physician. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or Sickness.
51. Treatments and supplies which are **not specified as covered** under this Plan.
52. Care and treatment billed by a Hospital for **non-medical emergency admissions** on a Friday or Saturday. This does not apply if surgery is performed within 24 hours of admission.
53. Charges for **Orthognathic surgery**.
54. **Subrogation, Reimbursement, and/or Third Party Responsibility.** Charge for care, supplies, treatment, and /or services of an Injury or Sickness not payable by virtue of the Plan's subrogation, reimbursement, and/or third party responsibility provisions.
55. Excision of wholly or partly unerupted **impacted teeth**.
56. **Behavioral, Educational, or Alternate Therapy Programs:**  
Any behavioral, educational or alternative therapy techniques to target cognition, behavior language and social skills modification, including:
  - A. Applied Behavioral Analysis (ABA) therapy;
  - B. Teaching, Expanding, Appreciating, Collaborating and Holistic (TEACCH) programs;
  - C. Higashi schools/daily life;
  - D. Facilitated communication;
  - E. Floor time;
  - F. Developmental Individual—Difference Relationship-based model (DIR);
  - G. Relationship Development Intervention (RDI);
  - H. Holding therapy;
  - I. Movement therapies;
  - J. Music therapy;
  - K. Animal assisted therapy.
57. **Prescription Drug Exclusions** under this Plan of Benefits:
  - A. Therapeutic devices or appliances, including hypodermic needles, syringes, support garments, ostomy supplies and non-medical substances regardless of intended use;
  - B. Any over-the-counter medication, unless specified otherwise;
  - C. Prescription Drugs that have not been prescribed by a Physician;
  - D. Prescription Drugs not approved by the Food and Drug Administration;
  - E. Prescription Drugs for non-covered therapies, services, or conditions;
  - F. Prescription Drug refills in excess of the number specified on the Physician's prescription order or Prescription Drug refills dispensed more than one (1) year after the original prescription date;

- G. Unless different time frames are specifically listed on the Schedule of Benefits more than a thirty (30) day supply for Prescription Drugs (ninety (90) day supply for Prescription Drugs obtained through a Mail Service Pharmacy);
  - H. Any type of service or handling fee (with the exception of the dispensing fee charged by the pharmacist for filling a prescription) for Prescription Drugs, including fees for the administration or injection of a Prescription Drug;
  - I. Dosages that exceed the recommended daily dosage of any Prescription Drug as described in the current Physician's Desk Reference or as recommended under the guidelines of the Pharmacy Benefit Manager, whichever is lower;
  - J. Prescription Drugs administered or dispensed in a Physician's office, Skilled Nursing Facility, Hospital or any other place that is not a Pharmacy licensed to dispense Prescription Drugs in the state where it is operated;
  - K. Prescription Drugs for which there is an over-the-counter equivalent and over-the-counter supplies or supplements;
  - L. Prescription Drugs that are being prescribed for a specific medical condition that are not approved by the Food and Drug Administration for treatment of that condition (except for Prescription Drugs for the treatment of a specific type of cancer, provided the drug is recognized for treatment of that specific cancer in at least one standard, universally accepted reference compendia or is found to be safe and effective in formal clinical studies, the results of which have been published in peer-reviewed professional medical journals);
  - M. Prescription Drugs that are not consistent with the diagnosis and treatment of a Participant's illness, injury or condition, or are excessive in terms of the scope, duration, dosage or intensity of drug therapy that is needed to provide safe, adequate and appropriate care;
  - N. Prescription Drugs to enhance physical growth or athletic performance or appearance;
  - O. Prescription Drugs that are immunization agents or biological sera;
  - P. Prescription Drugs or services that require Preauthorization by PAI and Preauthorization is not obtained;
  - Q. Prescription Drugs for injury or disease that are paid by workers' compensation benefits (if a workers' compensation claim is settled, it will be considered paid by workers' compensation benefits);
  - R. Prescription Drugs that are not Medically Necessary.
58. **Home Health Care Exclusions** under the Home Health Care Benefit:
- A. Services and supplies not included in the Medical Schedule of Benefits, but not limited to, general housekeeping services and services for custodial care;
  - B. Services of a person who ordinarily resides in the home of the Participant, or is a Participant's immediate family member (parent, Child, spouse, brother, sister, grandparent or in-law);
  - C. Transportation services.

**Notwithstanding the above exclusions, in the event that, after review of the medical records, other documentation, and case notes, the health care management medical director (or similarly titled position) of PAI, deems a plan of treatment and procedures are appropriate care for a Participant, the Plan shall deem the cost of the plan of treatment and procedures a Covered Expense.**

## ELIGIBILITY FOR COVERAGE

### Eligibility:

Waiting Period:	Coverage for new Employees will commence on the first day of the month following 60 days of continuous employment.
Annual Enrollment:	Month of March for a May 1 <sup>st</sup> effective date
Actively at Work: Minimum hours per week:	At least 30 full-time hours per week
Dependent Child, in addition to meeting the requirements contained in the Plan of Benefits; the maximum age limitation to qualify as a Dependent Child is:	An Employee may cover a Dependent Child up to the end of the calendar month during which the Dependent Child reaches age 26 for medical Benefits.
The column to the right identifies other group classifications, as defined by the Plan Sponsor, that also may participate in the Plan of Benefits:	Council Members (not subject to the 30 full-time hours per week minimum)
The column to the right identifies other group classifications, as defined by the Plan Sponsor, that may not participate in the Plan of Benefits:	Seasonal or Temporary Employees Post 65 Retirees and Medicare Eligible Individuals
<b>Coverage for Participants will terminate the last day of the month in which employment is terminated or the end of the period for which the required premium has been paid.</b>	

### A. ELIGIBILITY

1. Every Employee who is Actively at Work and who has completed the Waiting Period on or after the Plan Sponsor Effective Date is eligible to enroll (and to enroll his or her Dependents) for coverage under this Plan of Benefits.
2. If an Employee is not Actively at Work or has not completed the Waiting Period, such Employee is eligible to enroll (and to enroll his or her Dependents) beginning on the next day that the Employee is:
  - a. Actively at Work;
  - b. Has completed the Waiting Period.
3. Dependents are not eligible to enroll for coverage under Plan of Benefits without the sponsorship of an Employee who is enrolled under this Plan of Benefits.
4. Probationary periods and/or contribution levels will not be based on any factor that discriminates in favor of higher-wage employees as required under the ACA.

### B. ELIGIBLE CLASSES OF EMPLOYEES—RETIREE HEALTH INSURANCE PLAN PROVISIONS

**THESE RETIREE HEALTH INSURANCE PLAN (THE “PLAN”) PROVISIONS ARE SUBJECT TO CHANGE AND THE COUNTY’S ABILITY TO FUND THIS BENEFIT CAN BE IMPACTED BY FISCAL CHALLENGES AND LEGISLATIVE CHANGES. DUE TO THE RISK OF UNKNOWN CIRCUMSTANCES, THIS PLAN, AS DESCRIBED HEREIN, MAY BE DEEMED UNSUSTAINABLE AT SOME FUTURE TIME. THE RETIREE HEALTH INSURANCE GUIDELINES DESCRIBED HEREIN, OR OTHERWISE, ARE DISCRETIONARY ON THE PART OF THE COUNTY AND THE EMPLOYEE AND DO NOT CREATE ANY EXPRESS OR IMPLIED CONTRACT OF THIS BENEFIT BEING PROVIDED IN THE FUTURE OR IN ANY PARTICULAR AMOUNT AT ANY PARTICULAR**



**TIME. NO PAST PRACTICES OR PROCEDURES, PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. IT IS EXPLICITLY STATED AND RECOGNIZED BY THE COUNTY AND EVERY EMPLOYEE OR OTHER PERSON ACCEPTING BENEFITS UNDER THE PLAN THAT ALL EMPLOYMENT IN OCONEE COUNTY (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR) IS “AT WILL” AND THAT NO OCONEE COUNTY EMPLOYEE (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR) HAS AN EMPLOYMENT AGREEMENT OR CONTRACT, AND THAT ALL PROVISIONS OF ANY AND ALL EMPLOYMENT BENEFITS, INCLUDING, WITHOUT LIMITATION, THOSE DESCRIBED IN THIS PLAN ARE ALWAYS SUBJECT TO ANNUAL APPROPRIATION BY THE OCONEE COUNTY COUNCIL, WHICH IS NEVER GUARANTEED AND NEVER WILL BE GUARANTEED.**

All current Retirees of Oconee County will continue with their current Retiree health insurance/Plan Benefits with no changes at this time; however, such Benefits are subject to change in the future.

1. Grandfathered Employees:

- a. “Grandfathered Employees” are those Employees of Oconee County who had at least twenty (20) consecutive years of full-time employment for Oconee County as of December 31, 2013.
- b. Upon retirement, Grandfathered Employees will remain on the Oconee County Health Care Plan under the same terms and conditions as when they were actively employed until age 65 or when they become Medicare eligible, whichever occurs first. Spouses of Grandfathered Employees are eligible for the same coverage as Grandfathered Employees, provided the spouse is on the Grandfathered Employee’s County Health Care Plan at the time of his or her retirement.
- c. Once a retired Grandfathered Employee reaches age 65, he or she is required to enroll in Medicare parts A & B in order to receive the Subsidy, as defined and described in Section 1.d below,
- d. The Subsidy:
  - i. The County desires to contribute a monthly subsidy to all Grandfathered Employees upon retirement, when they reach 65 years of age or when they become Medicare eligible, whichever occurs first.
  - ii. Current Oconee County paid health Benefit coverage for Grandfathered Employees under the Oconee County Employee Health Care Plan shall cease when the Grandfathered Employee retires (becoming a “Grandfathered Retiree”) and reaches age 65 or becomes Medicare eligible, whichever occurs first. Discontinuance of County paid health Benefit coverage for spouses of Grandfathered Employees/Retirees will also occur when the spouse reaches age 65 or becomes Medicare eligible, whichever occurs first. Effective January 1, 2016 the County began contributing a monthly subsidy of \$158 per Grandfathered Retiree, or \$316 per month if married and the spouse is covered. This subsidy is solely for the purpose of assisting the Grandfathered Retiree and spouse, if applicable, in purchasing a Medicare supplemental insurance plan.
  - iii. Increases to the cost of the Oconee County Employee Care Plan will depend upon actual costs; increases to the Subsidy will change annually by the lower of CPI (Consumer Price Index) or 3% per year. The CPI increase will be determined using September over September time frame.
  - iv. Grandfathered Employees/Retirees may choose to decline coverage under the Plan at any time, but they will not be allowed to re-enroll in the Plan in the future, (with the exception of 2 prior Grandfathered Employees with special circumstances).

2. “Non-Grandfathered Employees” are those Employees hired prior to July 1, 2005, who complete 20 years of consecutive employment for Oconee County but who do not qualify as Grandfathered Employees.

- a. Non-Grandfathered Employees will remain eligible for Oconee County Employee Health Care Plan Benefits upon their retirement, subject to the conditions stated therein, and otherwise provided by law.
- b. Spouses of Non-Grandfathered Employees will not be eligible for Oconee County Employee Health Care Plan coverage upon retirement of the Non-Grandfathered Employee.
- c. Once a Non-Grandfathered Employee retires and attains the age of 65 or becomes Medicare eligible, whichever occurs first, Oconee County Employee Health Care Plan coverage will cease.

- d. No Subsidy will be provided Non-Grandfathered Employees or their spouses.
- 3. For all groups (Grandfathered and Non-Grandfathered) identified in these guidelines, only actual Oconee County employment time is considered for the purpose of determining contributions by Oconee County. No purchased service time of any kind will be considered for any group for purpose of Retiree health Benefits from Oconee County.
- 4. Employees hired after June 30, 2005 are ineligible for both Retiree health care coverage and the Subsidy.

### **Summary**

#### **Grandfathered Employees**

- Must have 20 consecutive years of County employment as of December 31, 2013.
- Retiree and spouse will remain on the Oconee County Health Care Plan until they reach age 65 or become Medicare eligible, whichever occurs first.
- At age 65 or upon Medicare eligibility, whichever occurs first, a subsidy in the amount of \$158 for Retiree or \$316 for Retiree/Spouse will be offered in calendar year 2016. Subsidy increases over time by the lesser of 3% per year or the prevailing CPI rate increase each year.

#### **Non-Grandfathered Employees**

- Must have 20 consecutive years of County employment and hired before July 1, 2005.
- If retired prior to age 65, retiree will remain on the Oconee County Health Care Plan until the retiree reaches age 65 or becomes Medicare eligible, whichever occurs first.
- No coverage will be provided for spouse upon retirement of the Non-Grandfathered Employee.
- No subsidy will be provided for Non-Grandfathered Employees or their spouses.

#### **Employees hired on or after July 1, 2005**

- Oconee County provides no retiree health care coverage or subsidy.

#### **Current Retirees**

- Will continue with the current retiree health insurance Plan Benefits being received, with no changes at this time; however, the Plan is subject to change in the future.

### **C. ELECTION OF COVERAGE**

Any Employee may enroll for coverage under the Group Health Plan for such Employee and such Employee's Dependents by completing and filing a Membership Application with the Plan Sponsor. Dependents must be enrolled within thirty-one (31) days of the date on which they first become Dependents. Employees and Dependents also may enroll if eligible under the terms of any late enrollment or Special Enrollment procedure.

### **D. COMMENCEMENT OF COVERAGE**

Coverage under the Group Health Plan will commence as:

1. Employees and Dependents eligible on the Plan Sponsor Effective Date

For Employees who are Actively at Work prior to and on the Plan Sponsor Effective Date, coverage will generally commence on the Plan of Benefits Effective Date.

2. Employees and Dependents Eligible After the Plan of Benefits Effective Date

Employees and Dependents who become eligible for coverage after the Plan of Benefits Effective Date and have elected coverage will have coverage after they have completed the Waiting Period.

3. Dependents Resulting from Marriage

Dependent(s) resulting from the marriage of an Employee will have coverage effective on the date of marriage provided they have enrolled for coverage within thirty-one (31) days after marriage and the coverage has been paid for under this Plan of Benefits.

#### 4. Newborn Children

A newborn Child will have coverage from the date of birth provided he or she has been enrolled for coverage within thirty-one (31) days after the Child's birth and the coverage has been paid for under this Plan of Benefits.

#### 5. Adopted Children

For an adopted Child of an Employee:

- a. Coverage shall be retroactive to the Child's date of birth when a decree of adoption is entered within thirty-one (31) days after the date of the Child's birth.
- b. Coverage shall be retroactive to the Child's date of birth when adoption proceedings have been instituted by the Employee within thirty-one (31) days after the date of the Child's birth, and if the Employee has obtained temporary custody of the Child.
- c. For an adopted Child other than a newborn, coverage shall begin when temporary custody of the Child begins. Nevertheless, such coverage shall only continue for one (1) year unless a decree of adoption is entered, in which case coverage shall be extended so long as such Child is otherwise eligible for coverage under the terms of this Plan of Benefits.

#### 6. Special Enrollment

In addition to enrollment under Eligibility for Coverage Section (C)(2-5) above, the Group Health Plan shall permit an Employee or Dependent who is not enrolled to enroll if each of these are met:

- a. The Employee or Dependent was covered under a group health Plan or had Creditable Coverage at the time coverage was previously offered to the Employee or Dependent;
- b. The Employee stated in writing at the time of enrollment that the reason for declining enrollment was because the Employee or Dependent was covered under a group health Plan or had Creditable Coverage at that time. This requirement shall apply only if the Plan Sponsor required such a statement at the time the Employee declined coverage and provided the Employee with notice of the requirement and the consequences of the requirement at the time;
- c. The Employee or Dependent's coverage described above:
  - i. Was under a COBRA continuation provision and the coverage under the provision was exhausted;
  - ii. Was not under a COBRA continuation provision described in section 6(c)(i), above, and either the coverage was terminated as a result of loss of eligibility for the coverage (including as a result of legal separation, divorce, cessation of Dependent status (such as attaining the maximum age to be eligible as a Dependent Child under the Plan), death, termination of employment) or reduction in the number of hours of employment), or if the Plan Sponsor's contributions toward the coverage were terminated;
  - iii. Was one of multiple Plans offered by a Plan Sponsor and the Employee elected a different Plan during an open enrollment period or when a Plan Sponsor terminates all similarly situated individuals;
  - iv. Was under a HMO that no longer serves the area in which the Employee lives, works or resides;
  - v. Under the terms of the Plan, the Employee requests the enrollment not later than thirty-one (31) days after date of exhaustion described in 6(c)(i) above, or termination of coverage or Plan Sponsor contribution described in 6(c)(ii) above. Coverage will begin no later than the first day of the first calendar month following the date the completed enrollment form is received.

The above list is not an all-inclusive list of situations when an Employee or Dependent loses eligibility. For situations other than those listed above, see the Plan Sponsor.

#### Medicaid or State Children's Health Insurance Program Coverage

- A. The Employee or Dependent was covered under a Medicaid or State Children's Health Insurance Program Plan and coverage was terminated due to loss of eligibility;
- B. The Employee or Dependent becomes eligible for assistance under a Medicaid or State Children's Health Insurance Program Plan;
- C. The Employee or Dependent requests such enrollment not more than sixty (60) days after either:

- i. the date of termination of Medicaid or State Children’s Health Insurance Program coverage;
- ii. determination that the Employee or Dependent is eligible for such assistance.

**E. DEPENDENT CHILD’S ENROLLMENT**

1. A Dependent’s eligibility for or receipt of Medicaid assistance will not be considered in enrolling that Dependent for coverage under this Plan of Benefits.
2. Absent the sponsorship of an Employee, Dependents are not eligible to enroll for coverage under this Plan of Benefits.

**F. CHANGE IN FAMILY STATUS**

The Plan permits you to change your benefit election during the Plan Year if a qualified change in family status occurs. Enrollment Application forms are available from your Human Resources Department. A qualified change in family status can occur for many reasons such as:

<b>Type of Event</b>	<b>You need to...</b>
Birth or Adoption	complete an Enrollment Application and indicate name of Dependent and date of birth or adoption.
Marriage	complete an Enrollment Application and indicate name of Spouse and date of marriage.
Divorce	complete an Enrollment Application and indicate the date of divorce and submit a copy of divorce decree.
Legal Separation	complete an Enrollment Application and indicate the date of separation and submit a copy of the separation agreement.
Death	complete an Enrollment Application and indicate the name of deceased and date of death.
Child reaches dependent age limit of 26.	complete an Enrollment Application and indicate the names of the family members who will continue to be covered.
Termination of employment	review section entitled <u>Termination of Coverage</u> in this booklet.
Loss of Spouse’s employment	review section entitled <u>Special Enrollment Periods</u> . If enrolling new Plan members, complete an Enrollment Application and submit HIPAA certificate.

In order to effect a change in your Benefits, you must complete and return an Enrollment Application form to your Human Resources Department within 31 days following the qualifying event. Please note that the requested change in Benefits must be consistent with your change in family status (i.e. change from a single to family coverage due to marriage).

If you have (or expect to have) a change in family status or if you are unsure about your rights and responsibilities when applying for coverage, please contact the Human Resources Department to discuss your options and the necessary enrollment procedures.

**G. PARTICIPANT CONTRIBUTIONS**

The Participant is solely responsible for making all payments for any Premium.

**H. DISCLOSURE OF MEDICAL INFORMATION**

By accepting Benefits or payment of Covered Expenses, the Participant agrees that the Group Health Plan (and including BlueCross on behalf of the Group Health Plan) may obtain claims information, medical records, and other information necessary for the Group Health Plan to consider a request for Preauthorization, a Continued Stay Review, an Emergency Admission Review, a Preadmission Review or to process a claim for Benefits.

## **TERMINATION OF THIS PLAN OF BENEFITS**

### **A. TERMINATION OF THIS PLAN OF BENEFITS**

Termination of an Employee's coverage and all of such Employee's Dependents' coverage will occur on the earliest of these dates:

1. The date the Group Health Plan is terminated pursuant to Sections (B)-(E) below.
2. The date an Employee retires unless the Group Health Plan covers such individual as a retiree.
3. The date an Employee ceases to be eligible for coverage as set forth in the Eligibility Section.
4. The last day of the month in which an Employee is no longer Actively at Work or the end of the period for which the required premium has been paid, except that a qualified Employee (as qualified under the Family and Medical Leave Act of 1993) may be considered Actively at Work during any leave taken pursuant to the Family and Medical Leave Act of 1993.
5. In addition to terminating when an Employee's coverage terminates, a Dependent spouse's coverage terminates on the date of entry of a court order ending the marriage between the Dependent spouse and the Employee regardless of whether such order is subject to appeal.
6. In addition to terminating when an Employee's coverage terminates, a Child's coverage terminates when that individual no longer meets the definition of a Dependent under the Group Health Plan.
7. In addition to terminating when an Employee's coverage terminates, an Incapacitated Dependent's coverage terminates when that individual no longer meets the definition of an Incapacitated Dependent.
8. Death of the Employee.

### **B. TERMINATION FOR FAILURE TO PAY PREMIUMS**

1. If a Participant fails to pay the Premium during the Grace Period, such Participant shall automatically be terminated from participation in the Group Health Plan, without prior notice to such Participant.
2. In the event of termination for failure to pay Premiums, Premiums received after termination will not automatically reinstate the Employee in participation under the Group Health Plan absent written agreement by the Plan Sponsor. If the Employee's participation in the Group Health Plan is not reinstated, the late Premium will be refunded to the Employee.

### **C. TERMINATION WHILE ON LEAVE**

During an Employee's leave of absence that is taken pursuant to the Family and Medical Leave Act, the Plan Sponsor must maintain the same health Benefits as provided to Employees not on leave. The Employee must continue to pay his or her portion of the Premium. If Premiums are not paid by an Employee, coverage ends as of the due date of that Premium contribution.

### **D. TERMINATION DUE TO A RESCISSION OF COVERAGE**

In the event that a Participant:

1. Performs an act, practice, or omission that constitutes fraud;
2. Makes an intentional misrepresentation of material fact,

The Participant's coverage under this Plan of Benefits will terminate retroactively at one of these times:

1. If event occurs upon application for participation in the Plan, the Participant's coverage will be void from the time of his/her effective date;
2. If event occurs at any other time, the Participant's coverage will terminate retroactively to the date of the event occurrence, as outlined above.

In the event your coverage is rescinded, you will be given 30 days' advance written notice of the Rescission as well as the retroactive effective date. Any Premiums paid will be returned once the Plan Administrator deducts the

amount for any claims paid.

A Participant has an internal appeal right following written notice of a Rescission of coverage as outlined within the Claims Filing and Appeal Procedures section of this document.

**E. NOTICE OF TERMINATION TO PARTICIPANTS**

Other than as expressly required by law, if the Group Health Plan is terminated for any reason, the Plan Sponsor is solely responsible for notifying all Participants of such termination and that coverage will not continue beyond the termination date.

**F. REINSTATEMENT**

The Group Health Plan in its sole discretion (and upon such terms and conditions as any stop-loss carrier or the Plan Sponsor may determine) may reinstate coverage under the Group Health Plan that has been terminated for any reason. If a Participant's coverage (and including coverage for the Participant's Dependents) for Covered Expenses under the Group Health Plan terminates while the Participant is on leave pursuant to the Family and Medical Leave Act because the Participant fails to pay such Participant's Premium, the Participant's coverage will be reinstated without new probationary periods if the Participant returns to work immediately after the leave period, re-enrolls and, within thirty-one (31) days following such return, pays all such Employee's portion of the past due amount and then current Premium.

**G. PLAN SPONSOR IS AGENT OF PARTICIPANTS**

By accepting Benefits, a Participant agrees that the Plan Sponsor is the Participant's agent for all purposes of any notice under the Group Health Plan. The Participant further agrees that notifications received from, or given to, the Plan Sponsor by PAI are notification to the Employees except for any notice required by law to be given to the Participants by PAI.

**H. PERSONNEL POLICIES**

Except as required under the Family and Medical Leave Act or the Uniformed Services Employment and Reemployment Rights Act, the Plan Sponsor's current personnel policies regarding Waiting Periods, continuation of coverage, or reinstatement of coverage shall apply during these situations: Plan Sponsor-certified disability, leave of absence, layoff, reinstatement, hire or rehire.

**I. RETURN TO WORK**

An Employee who returns to work **within six (6) months** of a layoff or an approved leave of absence will retain the same insurance status as prior to the said date, provided any required contributions have been paid in full. No new eligibility Waiting Period will apply unless these conditions were still to be met at the time of layoff or leave of absence.

An Employee who returns to work **after six (6) months** of an approved leave of absence or layoff will be considered a new Employee and will be subject to all eligibility requirements, including all requirements relating to the Effective Date of coverage (except as provided under the provision entitled "status change").

**J. STATUS CHANGE**

If an Employee or Dependent has a status change while covered under this Plan of Benefits (i.e. Employee to Dependent, COBRA to active) and no interruption in coverage has occurred, the Plan of Benefits will allow continuity of coverage with respect to any Waiting Period.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

In the case of a Participant who is receiving Covered Expenses in connection with a mastectomy, the Group Health Plan will pay Covered Expenses for each of these (if requested by such Participant):

- A. Reconstruction of the breast on which the mastectomy has been performed;
- B. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- C. Prosthesis and physical complications at all stages of mastectomy, including lymphedemas.

The Plan of Benefits' Benefit Year Deductible and Copay will apply to these Benefits.

## **FAMILY AND MEDICAL LEAVE ACT (FMLA)**

The Group Health Plan must comply with FMLA as outlined in the regulations issued by the U.S. Department of Labor. During any leave taken under the FMLA, the Plan Sponsor will maintain coverage under this Plan of Benefits on the same basis as coverage would have been provided if the Employee had been continuously employed during the entire leave period.

In general, eligible Employees may be entitled to:

Twelve workweeks of leave in a 12-month period for:

- the birth of a Child and to care for the newborn Child within one year of birth;
- the placement with the Employee of a Child for adoption or foster care and to care for the newly placed Child within one year of placement;
- to care for the Employee's spouse, Child, or parent who has a serious health condition;
- a serious health condition that makes the Employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the Employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or

Twenty-six workweeks of leave in a single 12-month period to care for a covered service member with a serious injury or illness of a service member spouse, son, daughter, parent, or next of kin to the Employee (military caregiver leave).

An extension up to 12-weeks may be authorized by Department Heads when medical documentation is provided. The additional leave will be allowed only for Employees with no active or unresolved discipline issues in place.

## **CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985**

The Consolidated Omnibus Budget Reconciliation Act of 1985 (“COBRA”) requires that Plan Sponsors allow these categories of eligible people continue coverage under the Group Health Plan after such individuals would ordinarily not be eligible.

You also may have other options available when you lose this coverage. For example, you may be eligible to enroll into an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. (For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov)). Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

If you decide to continue this coverage, it is available for a period of up to 18, 29 or 36 months, depending on the circumstances:

- A. 18 months for Employees whose working hours are reduced – during a non-FMLA leave of absence or when an Employee changes from full-time to part-time – and any family members who also lose coverage for this reason;
- B. 18 months for Employees who voluntarily quit work and any family members who also lose coverage for this reason;
- C. 18 months for Employees who are part of a layoff and any family members who also lose coverage for this reason;
- D. 18 months for Employees who are fired, unless the firing is due to gross misconduct of the Employee, and any family members who also lose coverage for this reason;
- E. 29 months for Employees and all covered Dependents who are determined to be disabled under the Social Security Act before or during the first sixty (60) days after termination of employment or reduction of hours of employment. Notice of the Social Security Disability determination must be given to the Plan Sponsor within 60 days of the determination of disability and before the end of the first 18 months of continuation of coverage. Nevertheless, if the determination was prior to termination, the Notice can be provided with COBRA election form in order to secure the extension;
- F. 36 months for Employees’ widows or widowers and their Dependent Children;
- G. 36 months for separated (in states where legal separation is recognized) or divorced husbands or wives of the Employee and their Dependent Children;
- H. 36 months for Dependent Children who lose coverage under the Plan of Benefits because they no longer meet the Plan’s definition of a Dependent Child;
- I. 36 months for Dependents who are not eligible for Medicare when the Employee is eligible for Medicare and no longer has coverage with the Plan Sponsor;
- J. For Plans providing coverage for retired Employees and their Dependents, a special rule applies for such persons who would lose coverage due to the Plan Sponsor filing for Title 11 Bankruptcy. (Loss of coverage includes a substantial reduction of coverage within a year before or after the bankruptcy filing.) Upon occurrence of such an event, retired Employees and their eligible Dependents may continue their coverage under the Plan of Benefits until the date of death of the retiree. If a retiree dies while on this special continued coverage, surviving Dependents may elect to continue coverage for up to 36 additional months.

Except for items E, G, and H, above, the Plan Administrator is responsible for getting the proper form(s) to the Participant so continuation of coverage can be applied for.

For items E, G, and H, the Participant is responsible for notifying the Plan Administrator within sixty (60) days that the qualifying event has occurred. The notice must be given in writing to the Plan Administrator and should contain this information: (1) name of benefit Plan, (2) covered Employee’s name, (3) your name and address, and (4) the type of qualifying event and the date it occurred. Upon receipt of notice, the Plan Sponsor will then forward the COBRA application form to the Participant or the appropriate Dependent.



The Participant or the appropriate Dependent must complete a COBRA application form and return it to the Plan Administrator no later than 60 days (called the election period) from the later of: (1) the date the Participants coverage ends, or (2) the date the Participant receives notice of the right to apply for continuation coverage.

An application by the Participant or their spouse for continuation of coverage also applies to any other family members who also lose coverage for the same reason. However, each family member losing coverage for the same reason is entitled to make a separate application for continuation of coverage. If there is a choice among types of coverage under the Plan of Benefits, each family member can make a separate selection from the available types of coverage.

During an 18-month continuation of coverage period, some persons may have another situation occur to them from among items B, C, D, and F through I. They will be entitled to continuation of coverage for an overall total of up to **36** months. For items G and H, the Participant must notify the Plan Administrator within **60** days that the situation has occurred.

Premiums for continuation of coverage should be paid to the Plan Administrator or their designated party. The Plan Administrator has the right to require you to pay the entire Premium, even if active employees pay only part of the Premium. The Plan Administrator also has the right to charge and keep an extra two percent administration fee each month. For disabled employees who have applied for the 29-month COBRA continuation period, the Plan Administrator has the right to charge 150% of the applicable Premium each month for the 19<sup>th</sup> month through the 29<sup>th</sup> month of coverage.

For those Participants electing COBRA continuation of coverage, the first Premium payment must be postmarked and mailed to the Plan Administrator by the 45<sup>th</sup> day after the Participant elects continuation coverage. Thereafter, Premium payments are due on the first of each month. There is a 31-day grace period for payment of the monthly Premiums.

**COBRA Continuation of Coverage ends earlier than the maximum continuation period under these circumstances:**

- A. When Premiums are not paid on time.
- B. When the Participant who has continuation of coverage becomes covered under another group health Plan or Medicare, after the date of the COBRA election, through employment or otherwise.
- C. When a disabled person covered under the extended 29-month COBRA continuation period has been determined by the Social Security Administration to be no longer disabled, coverage ends for the disabled person and any covered family members on the later of 30 days after the determination or 18 months. (Notification must be given to the Company within 30 days of final determination.)
- D. The termination of the Group Health Plan.

## **Uniformed Services Employment and Re-employment Rights Act (USERRA)**

- A. In any case in which an Employee or any of such Employee's Dependents has coverage under the Plan of Benefits, and such Employee is not Actively at Work by reason of active duty service in the uniformed services, the Employee may elect to continue coverage under the Plan of Benefits as provided in this section. The maximum period of coverage of the Employee and such Employee's Dependents under such an election shall be the lesser of:
- i. The twenty-four (24) month period beginning on the date on which the Employee's absence from being Actively at Work by reason of active duty service in the uniformed services begins;
  - ii. The day after the date on which the Employee fails to apply for or return to a position of employment, as determined under USERRA.

The continuation of coverage period under USERRA will be counted toward any continuation of coverage period available under COBRA.

- B. An Employee who elects to continue coverage under this section of the Group Health Plan must pay one hundred and two percent (102%) such Employee's normal Premium. Except that, in the case of an Employee who performs service in the uniformed services for less than thirty-one (31) days, such Employee will pay the normal contribution for the thirty-one (31) days.
- C. An Employee who is qualified for re-employment under the provisions of USERRA will be eligible for reinstatement of coverage under the Group Health Plan upon re-employment. Except as otherwise provided in this Article upon re-employment and reinstatement of coverage no new exclusion or Probationary Period will be imposed in connection with the reinstatement of such coverage if an exclusion or Waiting Period normally would have been imposed. This Article applies to the Employee who is re-employed and to a Dependent who is eligible for coverage under the Group Health Plan by reason of the reinstatement of the coverage of such Employee.
- D. This Section shall not apply to the coverage of any illness or injury determined by the Secretary of Veterans Affairs to have been incurred in, or aggravated during, performance of service in the uniformed services.

## **National Defense Authorization Act—Military Leave Entitlements**

- A. Permits a "spouse, son, daughter, parent or next of "kin" to take up to 26 workweeks of leave to care for a "member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy and is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness".
- B. Permits an Employee to take FMLA leave for "any qualifying exigency (as the Secretary of Labor shall, by regulation, determine) arising out of the fact that the spouse, or a son, daughter, or parent of the Employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation".

## **SUBROGATION / RIGHT OF REIMBURSEMENT**

In the event Benefits are provided to or on behalf of a Participant under the terms of this Plan of Benefits, the Participant agrees, as a condition of receiving Benefits under the Plan of Benefits, to transfer to the Group Health Plan all rights to recover damages in full for such Benefits when the injury or illness occurs through the act or omission of another person, firm, corporation, or organization. The Group Health Plan shall be subrogated, at its expense, to the rights of recovery of such Participant against any such liable third party.

If, however, the Participant receives a settlement, judgment, or other payment relating to an injury or illness from another person, firm, corporation, organization or business entity for the injury or illness, the Participant agrees to reimburse the Group Health Plan in full, and in first priority, for Benefits paid by the Group Health Plan relating to the injury or illness. The Group Health Plan's right of recovery applies regardless of whether the recovery, or a portion thereof, is specifically designated as payment for, but not limited to, medical Benefits, pain and suffering, lost wages, other specified damages, or whether the Participant has been made whole or fully compensated for his/her injuries.

The Group Health Plan's right of full recovery may be from the third party, any liability or other insurance covering the third party, the insured's own uninsured motorist insurance, underinsured motorist insurance, any medical payments (Med-Pay), no fault, personal injury protection (PIP), malpractice, or any other insurance coverage that are paid or payable.

The Group Health Plan will not pay attorney's fees, costs, or other expenses associated with a claim or lawsuit without the expressed written authorization of the Group Health Plan.

The Participant shall not do anything to hinder the Group Health Plan's right of subrogation and/or reimbursement. The Participant shall cooperate with the Group Health Plan and execute all instruments and do all things necessary to protect and secure the Group Health Plan's right of subrogation and/or reimbursement, including assert a claim or lawsuit against the third party or any insurance coverage to which the Participant may be entitled. Failure to cooperate with the Group Health Plan will entitle the Group Health Plan to withhold Benefits due the Participant under the Plan of Benefits document. Failure to reimburse the Group Health Plan as required will entitle the Group Health Plan to deny future Benefit payments for all Participants under this policy until the subrogation/reimbursement amount has been paid in full.

It is further agreed that the Participant will sign a written agreement to repay the Group Health Plan in full out of any money that the Participant receives from a negligent person or organization. If the Participant fails to sign such an agreement, the Group Health Plan reserves the right to withhold payment of the Participant's claims, which relate to the negligence of another person or organization, until such time as the Participant signs the agreement to repay.

## **WORKERS' COMPENSATION PROVISION**

This policy does not provide benefits for diagnosis, treatment or other service for any injury or illness that is sustained by a Participant that arises out of, in connection with, or as the result of any work for wage or profit when coverage under any Workers' Compensation Act or similar law is required or is otherwise available for the Participant. Benefits will not be provided under this Plan if coverage under the Workers' Compensation Act or similar law would have been available to the Participant but the Participant elects exemption from available Workers' Compensation coverage; waives entitlement to Workers' Compensation benefits for which he/she is eligible; fails to timely file a claim for Workers' Compensation benefits; or seeks treatment for the injury or illness from a provider that is not authorized by the Participant's Plan Sponsor.

If the Group Health Plan, or its designee, including PAI (hereinafter referred to as "the Plan") pays Benefits for an injury or illness and the Plan determines the Participant also received Workers' Compensation benefits by means of a settlement, judgment, or other payment for the same injury or illness, Participant shall reimburse the Plan in full all Benefits paid by the Plan relating to the injury or illness.

The Plan's right of recovery will be applied even if: the Workers' Compensation benefits are in dispute or are made by means of a compromised, doubtful and disputed, clincher or other settlement; no final determination is made that the injury or illness was sustained in the course of or resulted from the Participant's employment; the amount of Workers' Compensation benefits due to medical or health care is not agreed upon or defined by the Participant or the Workers' Compensation carrier; or the medical or health care benefits are specifically excluded from the Workers' Compensation settlement or compromise.

As a condition of receiving Benefits under this Plan of Benefits, the Participant agrees to notify the Plan of any Workers' Compensation claim he/she may make and agrees to reimburse the Plan as described herein. The Participant shall not do anything to hinder the Plan's right of recovery. The Participant shall cooperate with the Plan, execute all documents, and do all things necessary to protect and secure the Plan's right of recovery, including assert a claim or lawsuit against the Workers' Compensation carrier or any other insurance coverage to which the Participant may be entitled. Failure to cooperate with the Plan will entitle the Plan to withhold Benefits due the Participant under this Plan of Benefits. Failure to reimburse the Plan as required under this Section will entitle the Plan to invoke the Workers' Compensation Exclusion and deny payment for all claims relating to the injury or illness and/or deny future Benefit payments for any such Participant until the reimbursement amount has been paid in full.

## COORDINATION OF BENEFITS

Coordination of benefits rules apply when a Participant is covered by this Plan of Benefits and also covered by any other Plan or Plans. When more than one coverage exists, one Plan normally pays its benefits in full and the other Plan pays a reduced benefit. This Plan of Benefits will always pay either its Benefits in full or a reduced amount that, when added to the benefits payable by the other Plan or Plans, will not exceed 100% of Allowed Amounts. Only the amount paid by the Plan of Benefits will be included for purposes of determining the maximums in the Schedule of Benefits. Through the coordination of benefits, a Participant or Dependent will not receive more than the Allowed Amounts for a loss.

The coordination of benefits provision applies whether or not a claim is filed under the other Plan or Plans. The Participant agrees to provide authorization to this Plan of Benefits to obtain information as to benefits or services available from any other Plan or Plans, or to recover overpayments. All Benefits contained in the Plan of Benefits are subject to this provision.

When this Plan of Benefits is primary, Benefits are determined before those of the other Plan. The benefits of the other Plan are not considered. When this Plan of Benefits is secondary, Benefits are determined after those of the other Plan. Benefits may be reduced because of the other Plan's benefits. When there are more than two Plans, this Plan of Benefits may be primary as to one and may be secondary as to another.

### **ORDER OF DETERMINATION**

If a Participant covered hereunder is also covered for comparable benefits or services under another Plan that is the Primary Plan, Benefits applicable under this Plan of Benefits will be reduced so that, for benefits incurred, benefits available under all Plans shall not exceed the Allowed Amounts of such benefits.

This Plan of Benefits determines its order of Benefits using the first of these that apply:

- A. **General** - A Plan that does not coordinate with other Plans is always the Primary Plan;
- B. **Non-Dependent/Dependent** - The benefits of the Plan that covers the person as an Employee (other than a Dependent) is the Primary Plan; the Plan that covers the person as a Dependent is the Secondary Plan;
- C. **Dependent Child/Parents Not Separated or Divorced** - Except as stated in (D) below, when this Plan of Benefits and another Plan cover the same Child as a Dependent of different parents:
  1. The Primary Plan is the Plan of the parent whose birthday (month and day) falls earlier in the year. The Secondary Plan is the Plan of the parent whose birthday falls later in the year; but
  2. If both parents have the same birthday, the benefits of the Plan that covered the parent the longer time is the Primary Plan; the Plan that covered the parent the shorter time is the Secondary Plan;
  3. If the other Plan does not have the birthday rule, but has the gender rule and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.
- D. **Dependent Child/Separated or Divorced Parents** - If two or more Plans cover a person as a Dependent Child of divorced or separated parents, benefits for the Child are determined in this order:
  1. First, the Plan of the parent with custody of the Child;
  2. Then, the Plan of the spouse of the parent with custody;
  3. Finally, the Plan of the parent without custody of the Child.

Nevertheless, if the specific terms of a court decree state that one parent is responsible for the health care expenses of the Child, then that parent's Plan is the Primary Plan. If a court decree exists stating that the parents shall share joint custody, without stating that one of the parents is financially responsible for the health care of the Child, the order of liability will be determined according to the rules for Dependent Children whose parents are not separated or divorced. Anyone who legally adopts the Child will assume natural parent status.

- E. **Active/Inactive Employee** - The Primary Plan is the Plan that covers the person as an Employee who is neither laid off nor retired (or as that Employee's Dependent). The Secondary Plan is the Plan that covers that person as

a laid off or retired Employee (or as that Employee's Dependent). If the other Plan does not have this rule, and if, as result the Plans do not agree on the order of benefits, this rule does not apply.

- F. **Longer/Shorter Length of Coverage** - If none of the above rules determines the order of benefits, the Primary Plan is the Plan that covered an Employee longer. The Secondary Plan is the Plan that covered that person the shorter time.
- G. In the case of a Plan that contains order of benefit determination rules that declare that Plan to be excess to or **always secondary to all other Plans**, this Plan of Benefits will coordinate benefits as:
1. If this Plan of Benefits is Primary, it will pay or provide Benefits on a Primary basis;
  2. If this Plan of Benefits is secondary, it will pay or provide Benefits first, but the amount of Benefits payable will be determined as if this Plan of Benefits were the Secondary Plan. The liability of this Plan of Benefits will be limited to such payment;
  3. If the Plan does not furnish the information needed by this Plan of Benefits to determine Benefits within a reasonable time after such information is requested, this Plan of Benefits shall assume that the benefits of the other Plan are the same as those provided under this Plan of Benefits, and shall pay Benefits accordingly. When information becomes available as to the actual benefits of the other Plan, any Benefit payment made under this Plan of Benefits will be adjusted accordingly.

H. **Right To Coordination of Benefits Information**

The Plan Administrator and PAI have the right:

1. To obtain or share information with any insurance company or other organization regarding coordination of benefits without the claimant's consent;
2. To require that the claimant provide the Plan Administrator with information on such other Plans so that this provision may be implemented;
3. To pay more than the amount due under this Plan of Benefits to an insurer or other organization if this is necessary, in the Plan Administrator or PAI's opinion, to satisfy the terms of this provision.

I. **Facility of Payment**

Whenever payments that should have been made under this Plan of Benefits in accordance with this provision have been made under any other Plan or Plans, the Plan Administrator will have the right, exercisable alone and in its sole discretion, to pay to any insurance company or other organizations or person making such other payments any amount it will determine in order to satisfy the intent of this provision, and amount so paid will be deemed to be Benefits paid under this Plan of Benefits and to the extent of such payment, the Plan Administrator will be fully discharged from liability under this Plan of Benefits. The Benefits that are payable will be charged against any applicable Maximum Payment or Benefit of this Plan of Benefits rather than the amount payable in the absence of this provision.

J. **Medicare**

**Individuals Age 65 or Older**

If you are a Participant and are age 65 or older, this Plan is the primary payer. Medicare will be the secondary payer.

If you are a retiree and are age 65 or older and are eligible to participate in this Plan, Medicare will be the primary payer and this Plan will pay secondary.

If you are not a Participant and are age 65 or older, Medicare will be your only medical coverage.

**Disabled Participants\***

If you are a Participant who is disabled, this Plan is the primary payer and Medicare is the secondary payer.

\*This applies for Plans with 100 or more employees. (If the Plan has less than 100 employees, Medicare is primary for disabled individuals).

**End-Stage Renal Disease**

If you have End-Stage Renal Disease and are a Participant, this Plan is the primary payer and Medicare is the secondary payer for the first 30 months of eligibility or entitlement to Medicare. After 30 months, Medicare will be the primary payer, and this Plan will be the secondary payer.

**COBRA - Age 65 or Older or Disabled**

If you are age 65 or older or disabled, and covered by Medicare and COBRA, Medicare will be the primary payer and the COBRA coverage will pay secondary.

**Coordination:**

When Medicare is primary and the Plan is secondary, Medicare (Parts A and B) will be considered a Plan for the purposes of coordination of benefits. The Plan will coordinate benefits with Medicare whether or not the Participant or their Dependents is/are actually receiving Medicare benefits.

## **DISCLOSURE OF PROTECTED HEALTH INFORMATION TO PLAN SPONSOR**

The Group Health Plan will disclose (or require PAI to disclose) Participant's PHI to the Plan Sponsor only to permit the Plan Sponsor to carry out Plan administration functions for the Group Health Plan not inconsistent with the requirements of HIPAA. Any disclosure to and use by the Plan Sponsor will be subject to and consistent with the provisions of the sections below.

1. Disclosure of Protected Health Information to Plan Sponsor.
  - a. The Group Health Plan and any health insurance issuer or business associate servicing the Group Health Plan will disclose PHI to the Plan Sponsor only to permit the Plan Sponsor to carry out Plan administration functions for the Group Health Plan not inconsistent with the requirements of the HIPAA and its implementing regulations, as amended. Any disclosure to and use by the Plan Sponsor of PHI will be subject to and consistent with the provisions of paragraphs 2 and 3 of this section.
  - b. Neither the Group Health Plan nor any health insurance issuer or business associate servicing the Plan of Benefits will disclose Participant's PHI to the Plan Sponsor unless the disclosures are explained in the Notice of Privacy Practices distributed to the Participants.
  - c. Neither the Group Health Plan nor any health insurance issuer or business associate servicing the Plan of Benefits will disclose Participant's PHI to the Plan Sponsor for the purpose of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor.
2. Restrictions on Plan Sponsor's Use and Disclosure of Protected Health Information.
  - a. The Plan Sponsor will neither use nor further disclose Participant's PHI, except as permitted or required by the Plan documents, as amended, or required by law.
  - b. The Plan Sponsor will ensure that any agent, including any subcontractor, to whom it provides Participant's PHI, agrees to the restrictions and conditions of the Plan of Benefits, with respect to PHI.
  - c. The Plan Sponsor will not use or disclose Participant PHI for employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor.
  - d. The Plan Sponsor will report to the Group Health Plan any use or disclosure of Participant PHI that is inconsistent with the uses and disclosures allowed under this section promptly upon learning of such inconsistent use or disclosure.
  - e. The Plan Sponsor will make PHI available to the Participant who is the subject of the information in accordance with HIPAA.
  - f. The Plan Sponsor will make PHI available for amendment, and will on notice amend Participant PHI, in accordance with HIPAA.
  - g. The Plan Sponsor will track disclosures it may make of Participant PHI so that it can make available the information required for the Group Health Plan to provide an accounting of disclosures in accordance with HIPAA.
  - h. The Plan Sponsor will make available its internal practices, books, and records, relating to its use and disclosure of Participants' PHI, to the Group Health Plan and to the U.S. Department of Health and Human Services to determine compliance with HIPAA.
  - i. The Plan Sponsor will, if feasible, return or destroy all Participant PHI, in whatever form or medium (including in any electronic medium under the Plan Sponsor's custody or control), received from the Group Health Plan, including all copies of and any data or compilations derived from and allowing identification of any Participant who is the subject of the PHI, when the Participants' PHI is no longer needed for the Plan administration functions for which the disclosure was made. If it is not feasible to return or destroy all Participant PHI, the Plan Sponsor will limit the use or disclosure of any Participant PHI it cannot feasibly return or destroy to those purposes that make the return or destruction of the information infeasible.



3. Adequate Separation Between the Plan Sponsor and the Group Health Plan.

- a. Certain classes of employees or other workforce members under the control of the Plan Sponsor may be given access to Participant PHI received from the Group Health Plan or business associate servicing the Group Health Plan:
- b. These employees will have access to PHI only to perform the Plan administration functions that the Plan Sponsor provides for the Group Health Plan.
- c. These employees will be subject to disciplinary action and sanctions, including termination of employment or affiliation with the Plan Sponsor, for any use or disclosure of Participant PHI in breach or violation of or noncompliance with the provisions of this section of the Plan of Benefits. The Plan Sponsor will promptly report such breach, violation or noncompliance to the Group Health Plan, and will cooperate with the Group Health Plan to correct the breach, violation or noncompliance, to impose appropriate disciplinary action or sanctions on each employee or other workforce member causing the breach, violation or noncompliance, and to mitigate any deleterious effect of the breach, violation or noncompliance on any Participant, the privacy of whose PHI may have been compromised by the breach, violation or noncompliance.
- d. Plan Sponsor shall ensure that the separation required by the above provisions will be supported by reasonable and appropriate security measures.

4. Plan Sponsor Obligations to the security of Electronic Protected Health Information (“ePHI”):

Where ePHI will be created, received, maintained or transmitted to or by the Plan Sponsor on behalf of the Group Health Plan, the Plan Sponsor shall reasonably safeguard the ePHI as follows:

- a. Plan Sponsor will implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the ePHI that the Plan Sponsor creates, receives, maintains or transmits on behalf of the Group Health Plan. Plan Sponsor will ensure that any agent, including a subcontractor, to whom it provides ePHI agrees to implement reasonable and appropriate security measures to protect this information;
- b. The Plan Sponsor shall report any security incident of which it becomes aware to the Group Health Plan as provided below.
  - i. In determining how and how often Plan Sponsor shall report security incidents to Group Health Plan, both Plan Sponsor and Group Health Plan agree that unsuccessful attempts at unauthorized access or system interference occur frequently and that there is no significant benefit for data security from requiring the documentation and reporting of such unsuccessful intrusion attempts. In addition, both parties agree that the cost of documenting and reporting such unsuccessful attempts as they occur outweigh any potential benefit gained from reporting them. Consequently, both Plan Sponsor and Group Health Plan agree that this Agreement shall constitute the documentation, notice and written report of any such unsuccessful attempts at unauthorized access or system interference as required above and by 45 C.F.R. Part 164, Subpart C, and that no further notice or report of such attempts will be required. By way of example (and not limitation in any way), the Parties consider these to be illustrative (but not exhaustive) of unsuccessful security incidents when they do not result in unauthorized access, use, disclosure, modification, or destruction of ePHI or interference with an information system:
    - Pings on a Party’s firewall,
    - Port scans,
    - Attempts to log on to a system or enter a database with an invalid password or username,
    - Denial-of-service attacks that do not result in a server being taken off-line, and
    - Malware (e.g., worms, viruses)

- ii. Plan Sponsor shall, however, separately report to Group Health Plan (i) any successful unauthorized access, use, disclosure, modification, or destruction of the Group Health Plan's ePHI of which Plan Sponsor becomes aware if such security incident either (a) results in a breach of confidentiality; (b) results in a breach of integrity but only if such breach results in a significant, unauthorized alteration or destruction of Group Health Plan's ePHI; or (c) results in a breach of availability of Group Health Plan's ePHI, but only if said breach results in a significant interruption to normal business operations. Such reports will be provided in writing within ten (10) business days after Plan Sponsor becomes aware of the impact of such security incident upon Group Health Plan's ePHI.

## **GENERAL INFORMATION**

Whereas Plan Sponsor establishes this Group Health Plan and the applicable Benefits, rights and privileges that shall pertain to participating employees, hereinafter referred to as “Employees” and the eligible Dependents of such Employees, as herein defined, for which Benefits are provided through a fund established by the Plan Sponsor and hereinafter referred to as the “Plan of Benefits”:

### **ADMINISTRATIVE SERVICES ONLY**

PAI provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. The Group Health Plan is a self-funded health Plan, and the Plan Sponsor assumes all financial risk and obligation with respect to claims.

### **CLERICAL ERRORS**

Clerical errors by PAI or the Plan Sponsor will not cause a denial of Benefits that should otherwise have been granted, nor will clerical errors extend Benefits that should otherwise have ended.

### **CONTINUATION OF CARE**

If a Participating Provider’s contract ends or is not renewed for any reason other than fraud or a failure to meet applicable quality standards and the Participant is a Continuing Care Patient, the Participant may be eligible to continue to receive in-network Benefits from that Provider with respect to the course of treatment relating to the Participant’s status as a Continuing Care Patient.

In order to receive this Continuation of Care, the Participant must submit a request to PAI on the appropriate form. Upon receipt of the request, PAI will notify the Participant and the Provider of the last date the Provider is part of the network and a summary of Continuation of Care requirements. PAI will review the request to determine qualification for the Continuation of Care. If additional information is necessary to make a determination, PAI may contact the Participant or the Provider for such information. If PAI approves the request, in-network Benefits for that Provider will be provided, with respect to the course of treatment relating to the Participant’s status as a Continuing Care Patient, for ninety (90) days or until the date the Participant is no longer a Continuing Care Patient for the Provider. During this time, the Provider will accept the network allowance as payment in full. Continuation of Care is subject to all other terms and conditions of this contract, including regular Benefit limits.

### **GOVERNING LAW**

The Group Health Plan may be governed by and subject to ERISA and any other applicable federal law. If ERISA or another federal law does not apply, the Group Health Plan is governed by and subject to the laws of the State of South Carolina. If federal law conflicts with any state law, then such federal law shall govern. If any provision of the Group Health Plan conflicts with such law, the Group Health Plan shall automatically be amended solely as required to comply with such state or federal law.

### **IDENTIFICATION CARD**

A Participant must present their Identification Card prior to receiving Benefits.

Having an Identification Card creates no right to Benefits or other services. To be entitled to Benefits, the cardholder must be a Participant whose Premium has been paid. Any person receiving Covered Expenses to which the person is not entitled will be responsible for the charges.

### **INFORMATION AND RECORDS**

PAI and the Plan Sponsor are entitled to obtain such medical and Hospital records as may reasonably be required from any Provider incident to the treatment, payment and health-care operations for the administration of the Benefits hereunder and the attending Physician’s certification as to the Medical Necessity for care or treatment.

### **LEGAL ACTIONS**

No action at law or in equity can be brought under the Group Health Plan until such Participant has exhausted the administrative process (including the exhaustion of all appeals) as described in this booklet. No such action may be brought after the expiration of any applicable period prescribed by law.

## **MISSTATEMENT OF AGE**

If age is a factor in determining eligibility or amount of coverage and there has been a misstatement of age, the coverage or amounts of Benefits, or both, for which the person is covered shall be adjusted in accordance with the covered individual's true age. Any such misstatement of age shall neither continue coverage otherwise validly terminated, nor terminate coverage otherwise validly in force. Contributions and Benefits will be adjusted on the contribution due date next following the date of the discovery of such misstatement.

## **NEGLIGENCE OR MALPRACTICE**

PAI and the Plan Sponsor do not practice medicine. Any medical treatment, service or Medical Supplies rendered to or supplied to any Participant by a Provider is rendered or supplied by such Provider and not by PAI or the Plan Sponsor. PAI and the Plan Sponsor are not liable for any improper or negligent act, inaction or act of malfeasance of any Provider in rendering such medical treatment, service, Medical Supplies or medication.

## **NOTICES**

Except as otherwise provided in this Plan of Benefits, any notice under the Group Health Plan may be given by United States mail, postage paid and addressed:

1. To PAI:  
Planned Administrators, Inc.  
Post Office Box 6927  
Columbia, South Carolina 29260
2. To a Participant: To the last known name and address listed for the Employee on the membership application. Participants are responsible for notifying PAI of any name or address changes within thirty-one (31) days of the change.
3. To the Plan Sponsor: To the name and address last given to PAI. The Plan Sponsor is responsible for notifying PAI and Participants of any name or address change within thirty-one (31) days of the change.

## **NO WAIVER OF RIGHTS**

On occasion, PAI (on behalf of the Group Health Plan) or the Plan Sponsor may, at their discretion, choose not to enforce all of the terms and conditions of this Plan of Benefits. Such a decision does not mean the Group Health Plan or the Plan Sponsor waives or gives up any rights under this Plan of Benefits in the future.

## **OTHER INSURANCE**

Each Participant must provide the Group Health Plan (and its designee, including PAI) and the Plan Sponsor with information regarding all other Health Insurance Coverage to which such Participant is entitled.

## **PAYMENT OF CLAIMS**

Except for the Participant's Provider, a Participant is expressly prohibited from assigning any right to payment of Covered Expenses or any payment related to Benefits. The Group Health Plan may pay Covered Expenses directly to the Employee or to the Non-Participating Provider upon receipt of due proof of loss for services provided by a Non-Participating Provider. Where a Participant has received Benefits from a Participating Provider or Contracting Provider, the Group Health Plan will pay Covered Expenses directly to such Participating Provider or Contracting Provider.

## **PHYSICAL EXAMINATION**

The Group Health Plan has the right to examine, at their own expense, a Participant whose injury or sickness is the basis of a claim (whether Pre-Service, Post-Service, Concurrent or Urgent Care). Such physical examination may be made as often as the Group Health Plan (through its designee, including PAI) may reasonably require while such claim for Benefits or request for Preauthorization is pending.

## **PLAN AMENDMENTS**

Upon thirty (30) days prior written notice, the Plan Sponsor may unilaterally amend the Group Health Plan. Increases in the Benefits provided or decreases in the Premium are effective without such prior notice. Notice of an amendment will be effective when addressed to the Plan Sponsor. PAI has no responsibility to provide individual notices to each Participant when an amendment to the Group Health Plan has been made.

**PLAN IS NOT A CONTRACT**

This Plan of Benefits constitutes the entire Group Health Plan. The Plan of Benefits will not be deemed to constitute a contract of employment or give any employee of the Plan Sponsor the right to be retained in the service of the Plan Sponsor or to interfere with the right of the Plan Sponsor to discharge or otherwise terminate the employment of any employee.

**PLAN INTERPRETATION**

The Plan Administrator has full discretionary authority to interpret and apply all Plan of Benefits provisions, including, but not limited to, all issues concerning eligibility and determination of Benefits. The Plan Administrator may contract with an independent administrative firm to process claims, maintain Group Health Plan data, and perform other Group Health Plan-connected services; however, final authority to construe and apply the provisions of the Plan of Benefits rests exclusively with the Plan Administrator. Decisions of the Plan Administrator, made in good faith, shall be final and binding.

**REPLACEMENT COVERAGE**

If the Group Health Plan replaced the Plan Sponsor's prior Plan, all eligible persons who were validly covered under that Plan on its termination date will be covered on the Plan of Benefits Effective Date of the Group Health Plan, provided such persons are enrolled for coverage as stated in the Eligibility for Coverage Section.

**TERMINATION OF PLAN**

The Plan Administrator reserves the right at any time to terminate the Group Health Plan by a written instrument to that effect. All previous contributions by the Plan Administrator shall continue to be issued for the purpose of paying Benefits under the provisions of this Plan of Benefits with respect to claims arising before such termination, or shall be used for the purpose of providing similar health Benefits to covered Employees, until all contributions are exhausted.

## ADMINISTRATIVE INFORMATION

### **TYPE OF ADMINISTRATION**

The Plan is a self-funded group health and disability Plan and the administration is provided through a Third Party Claims Administrator. The funding for the benefits is derived from the funds of the Employer and contributions made by covered Employees. The Plan is not insured.

### **PLAN NAME**

Oconee County Employee Health Plan

**PLAN NUMBER:** 817

**TAX ID NUMBER:** 57-6000391

**PLAN EFFECTIVE DATE:** 5/1/2022

**PLAN YEAR ENDS:** April 30

### **EMPLOYER INFORMATION**

Oconee County  
415 South Pine Street  
Walhalla, SC 29691  
864-638-4244

### **PLAN ADMINISTRATOR**

Oconee County  
415 South Pine Street  
Walhalla, SC 29691  
864-638-4244

### **NAMED FIDUCIARY**

Oconee County  
415 South Pine Street  
Walhalla, SC 29691  
864-638-4244

### **AGENT FOR SERVICE OF LEGAL PROCESS**

Oconee County  
415 South Pine Street  
Walhalla, SC 29691  
864-638-4244

### **CLAIMS ADMINISTRATOR**

Planned Administrators, Inc.  
P.O. Box 6927  
Columbia, SC 29260  
800-768-4375  
[www.paisc.com](http://www.paisc.com)

## DEFINITIONS

**Capitalized terms that are used in this Plan of Benefits shall have these defined meanings:**

**Active Employee:** an Employee who is on the regular payroll of the Plan Sponsor and who has begun to perform the duties of his/her job with the Plan Sponsor on a full-time or part-time basis.

**Actively at Work:** a permanent, full-time employee who works at least the minimum number of hours per week and the minimum number of weeks per year (each as set forth in the ELIGIBILITY section) and who is not absent from work during the initial enrollment period because of a leave of absence or temporary layoff. An absence during the initial enrollment period due to a Health Status Related Factor will not keep an employee from qualifying for Actively at Work status.

**Admission:** the period of time between a Participant's entry as a registered bed-patient into a Hospital or Skilled Nursing Facility and the time the Participant leaves or is discharged.

**Adverse Benefit Determination:** any denial, reduction or termination of, or failure to provide or make (in whole or in part) payment for a claim for Benefits, including any such denial, reduction, termination, or failure to provide or make payment that is based on a determination of a Participant's or beneficiary's eligibility to participate in a Plan, and including a denial, reduction or termination of, or failure to provide or make payment (in whole or in part) for a Benefit that results from the application of any utilization review as well as a failure to cover an item or service for which Benefits are otherwise provided because it is determined to be Experimental or Investigational or not Medically Necessary or appropriate. A Rescission of coverage, whether or not the Rescission has an adverse effect on any particular Benefit, also is considered an Adverse Benefit Determination.

**Allowable Charge:** the amount PAI agrees to pay a Provider as payment in full for a service, procedure, supply or equipment. Additionally:

1. The Allowable Charge shall not exceed the Maximum Payment, unless otherwise required by applicable law;
2. The Allowable Charge for Emergency Services (including air ambulance services) provided by Non-Participating/Non-Contracting Providers, as well as non-Emergency Services provided by Non-Participating/Non-Contracting Providers at Participating/Contracting Hospitals, Hospital outpatient departments, Critical Access Hospitals, or Ambulatory Surgical Centers, will pay in accordance with applicable federal law; and,
3. In addition to the Participant's liability for Benefit Year Deductibles, Copayments and/or Coinsurance, the Participant may be balance billed by the Non-Participating/Non-Contracting Provider for any difference between the Allowable Charge and the Billed Charge, except where prohibited by applicable law.

For covered items and services described in item 2, above, the Allowable Charge will be the Recognized Amount (less any applicable Benefit Year Deductible, Copayment and/or Coinsurance), unless otherwise prescribed under applicable law. If the Provider disputes such Allowable Charge and initiates a 30-day open negotiation and/or independent dispute resolution process in accordance with applicable federal law, PAI will administer such processes.

Notwithstanding anything herein to the contrary, the Participant's responsibility for Benefit Year Deductibles, Copayments and/or Coinsurance for covered items and services provided by Non-Participating/Non-Contracting Providers described in item 2, above, will be calculated as if the item or service was furnished by a Participating/Contracting Provider, and based on the Recognized Amount (which may differ from the Allowable Charge).

**Ambulatory Surgical Center:** a licensed facility that:

1. Has permanent facilities and equipment for the primary purpose of performing surgical procedures on an outpatient basis;
2. Provides treatment by or under the supervision of licensed medical doctors or oral surgeons and provides nursing services when the Participant is in the facility;
3. Does not provide inpatient accommodations; and,
4. Is not, other than incidentally, a facility used as an office or clinic for the private practice of a licensed medical doctor or oral surgeon.

An Ambulatory Surgical Center includes any licensed facility described in section 1833(i)(1)(A) of the Social Security Act.

**Approved Clinical Trial:** means\* a phase I, phase II, phase III, or phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is:

1. A Federally Funded Trial—the study or investigation is approved or funded (which may include funding through in-kind contributions) by one or more of these:
  - a. The National Institutes of Health;
  - b. The Centers for Disease Control and Prevention;
  - c. The Agency for Health Care Research and Quality;
  - d. The Centers for Medicare & Medicaid Services;
  - e. Cooperative group or center of any of the entities described in clauses (i) through (iv) or the Department of Defense or the Department of Veterans Affairs;
  - f. A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants;
  - g. Any of these departments if the conditions described in paragraph (2) are met:
    - i. The Department of Veterans Affairs.
    - ii. The Department of Defense.
    - iii. The Department of Energy.
2. A Food and Drug Administration Trial—the study or investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration.
3. A Drug Trial for investigating new drug applications—the study or investigation is a drug trial that is exempt from having such an investigational new drug application.

\*Conditions for Departments. The conditions for a study or investigation conducted by a Department referenced above are that the study or investigation has been reviewed and approved through a system of peer review that the Health and Human Services determines:

1. To be comparable to the system of peer review of studies and investigations used by the National Institutes of Health;
2. Assures unbiased review of the highest scientific standards by Qualified Individuals who have no interest in the outcome of the review.

**Benefit Year:** the period of time set forth on the Schedule of Benefits. The initial Benefit Year may be more or less than twelve (12) months.

**Benefit Year Deductible:** the amount, if any, listed on the Schedule of Benefits that must be paid by the Participant each Benefit Year before the Group Health Plan will pay Covered Expenses. The Benefit Year Deductible is subtracted from the Allowed Amount before Coinsurance is calculated. Participants must refer to the Schedule of Benefits to determine if the Benefit Year Deductible applies to the Out-of-Pocket Maximum.



**Benefits:** medical services or Medical Supplies that are:

1. Medically Necessary;
2. Preauthorized (when required under this Plan of Benefits or the Schedule of Benefits);
3. Included in this Plan of Benefits;
4. Not limited or excluded under the terms of this Plan of Benefits.

**Birthing Center:** any freestanding health facility, place, professional office or institution which is not a Hospital or in a Hospital, where births occur in a home-like atmosphere. This facility must be licensed and operated in accordance with the laws pertaining to Birthing Centers in the jurisdiction where the facility is located.

**Brand Name Drug:** a Prescription Drug that is manufactured under a registered trade name or trademark.

**Calendar Year:** January 1<sup>st</sup> through December 31<sup>st</sup> of the same year.

**Child:** An Employee's Child, whether a natural Child, adopted Child, foster Child, stepchild, or Child for whom an Employee has custody or legal guardianship. The term "Child" also includes an Incapacitated Dependent, or a Child of a divorced or divorcing Employee who, under a Qualified Medical Child Support Order, has a right to enroll under the Group Health Plan. The term "Child" does not include the spouse of an eligible Child.

**Clean Claim:** one that can be processed in accordance with the terms of this document without obtaining additional information from the service Provider or third party. It is a claim which has no defect or impropriety. A defect or impropriety shall include a lack of required sustaining documentation as set forth and in accordance with this document, or a particular circumstance requiring special treatment which prevents timely payment as set forth in this document, and only as permitted by this document, from being made. A Clean Claim does not include claims under investigation for fraud and abuse or claims under review for Medical Necessity and Reasonableness, or fees under review for Usual and Customariness, or any other matter that may prevent the charge(s) from being covered expenses in accordance with the terms of this document.

*Filing a Clean Claim*—A Provider submits a Clean Claim by providing the required data elements on the standard claims forms, along with any attachments and additional elements or revisions to data elements, of which the Provider has knowledge. The Plan Administrator may require attachments or other information in addition to these standard forms (as noted elsewhere in this document and at other times prior to claim submittal) to ensure charges constitutes covered expenses as defined by and in accordance with the terms of this document. The paper claim form or electronic file record must include all required data elements and must be complete, legible, and accurate. A claim will not be considered to be a Clean Claim if the Plan Participant has failed to submit required forms or additional information to the Plan as well.

**COBRA:** The Consolidated Omnibus Budget Reconciliation Act of 1985, as amendment.

**Coinsurance:** the sharing of Covered Expenses between the Participant and the Group Health Plan. After the Participant's Benefit Year Deductible requirement is met, the Group Health Plan will pay the percentage of Allowed Amounts as set forth on the Schedule of Benefits. The Participant is responsible for the remaining percentage of the Allowed Amount. Coinsurance is calculated after any applicable Benefit Year Deductible or Copay is subtracted from the Allowed Amount based upon the network charge or lesser charge of the Provider.

For Prescription Drug Benefits, Coinsurance means the amount payable by the Participant, calculated as follows:

1. The percentage listed on the Schedule of Benefits; multiplied by
2. The amount listed in the Participating Provider's schedule of allowance for that item calculated at the time of sale;
3. Without regard to any Credit or allowance that may be received by PAI.

**Concurrent Care Claim:** an ongoing course of treatment to be provided over a period of time or number of treatments.

**Continuation of Care:** the payment of Participating Provider level of Benefits for services rendered by certain Non-Participating Providers for a definite period of time in order to ensure continuity of care for covered Participants for a Serious Medical Condition.

**Continued Stay Review:** the review that must be obtained by a Participant (or the Participant's representative) regarding an extension of an Admission to determine if an Admission for longer than the time that was originally preauthorized is Medically Necessary (when required).

**Continuing Care Patient:** a Participant who, with respect to a Provider or facility, is either:

1. Undergoing a course of treatment for a serious and complex condition from the Provider or facility;
2. Undergoing a course of institutional or inpatient care from the Provider or facility;
3. Scheduled to undergo nonelective surgery from the Provider or facility, including receipt of postoperative care;
4. Pregnant and undergoing a course of treatment for the pregnancy from the Provider or facility; or,
5. Receiving treatment for a terminal illness from the Provider or facility.

For this purpose, a serious and complex condition means a condition that, in the case of an acute illness, is serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm, or in the case of a chronic illness or condition, is life-threatening, degenerative, potentially disability, or congenital and requires specialized medical care over a prolonged period of time.

**Copay:** the amount specified on the Schedule of Benefits that the Participant must pay directly to the Provider each time the Participant receives Benefits.

**Cosmetic Dentistry:** unnecessary dental procedures ("cosmetic" dental procedures may be covered if necessary due to an accident while covered under this Plan).

**Cosmetic Surgery:** medically unnecessary surgical procedures, usually, but not limited to plastic surgery directed toward preserving beauty or correction scars, burns or disfigurements ("cosmetic" procedures may be covered if necessary due to a disfiguring procedure while covered under this plan.

**Covered Charge(s):** those Medically Necessary services or supplies that are covered under this Plan.

**Covered Expenses:** the amount payable by the Group Health Plan for Benefits. The amount of Covered Expenses payable for Benefits is determined as set forth in this Plan of Benefits and at the percentages set forth in the Schedule of Benefits. Covered Expenses are subject to the limitations and requirements set forth in the Plan of Benefits and on the Schedule of Benefits. Covered Expenses will not exceed the Allowed Amount.

**Credit:** financial credits (including rebates and/or other amounts) to PAI directly from drug manufacturers or other Providers through a Pharmacy Benefit Manager (PBM). Credits are used to help stabilize overall rates and to offset expenses and may not be payable to Plan Sponsor or Participants.

Reimbursements to a Participating Pharmacy, or discounted prices charged at Pharmacies, are not affected by these credits. Any Coinsurance that a Participant must pay for Prescription Drugs is based on the Allowed Amount at the Pharmacy and does not change due to receipt of any Credit received by PAI. Copays are not affected by any Credit.

**Critical Access Hospital:** a facility that is designated by the state in which it is located, and certified by the United States Department of Health and Human Services, as a critical access hospital.

**Custodial Care:** care (including room and board needed to provide that care) that is given principally for personal hygiene or for assistance in daily activities and can, according to generally accepted medical standards, be performed by persons who have no medical training. Examples of Custodial Care are help in walking and getting out of bed; assistance in bathing, dressing, feeding, or supervision over medication which could normally be self-administered.

**Dependent:** an individual who is:

1. An Employee's spouse, which is any individual who is legally married under any state law;
2. A Child under the age set forth in the Eligibility for Coverage section;
3. An Incapacitated Dependent.

**Detoxification:** a Hospital service providing treatment to diminish or remove from a Patient's body the toxic effects of chemical substances, such as alcohol or drugs, usually as an initial step in the treatment of a chemical-dependent person.

**Discount Services:** services (including discounts on services) that are not Benefits but may be offered to Participants from time to time as a result of being a Participant.

**Durable Medical Equipment:** equipment that:

1. Can stand repeated use;
2. Is Medically Necessary;
3. Is customarily used for the treatment of a Participant's illness, injury, disease or disorder;
4. Is appropriate for use in the home;
5. Is not useful to a Participant in the absence of illness or injury;
6. Does not include appliances that are provided solely for the Participant's comfort or convenience;
7. Is a standard, nonluxury item (as determined by the Group Health Plan);
8. Is ordered by a medical doctor, oral surgeon, podiatrist or osteopath.

Prosthetic Devices, Orthopedic Devices and Orthotic Devices are considered Durable Medical Equipment. Items such as air conditioners, dehumidifiers, whirlpool baths, and other equipment that have nontherapeutic uses are not considered Durable Medical Equipment.

**Emergency Admission Review:** the review that must be obtained by a Participant (or the Participant's representative) within twenty-four (24) hours of or by the end of the first working day after the commencement of an Admission to a Hospital to treat an Emergency Medical Condition.

**Emergency Medical Condition:** a medical condition, including a mental health condition or Substance Use Disorder, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of the Participant, or with respect to a pregnant Participant, the health of the Participant or her unborn child, in serious jeopardy;
2. Serious impairment to bodily functions; or,
3. Serious dysfunction of any bodily organ or part.

**Emergency Services:** an appropriate medical screening examination, services, supplies and treatment for stabilization, evaluation and/or initial treatment of an Emergency Medical Condition when provided on an outpatient basis at a Hospital emergency room or department or an independent freestanding emergency department, as well as post-stabilization services provided as part of outpatient observation or an inpatient or outpatient stay with respect to the visit in which the Emergency Services are furnished.

**Employee:** any employee of the Employer (also known as Plan Sponsor) who is eligible for coverage as provided in the eligibility section of this Plan of Benefits, and who is so designated to PAI by the Employer (also known as Plan Sponsor).

**Employer:** the entity providing this Plan of Benefits, also known as Plan Sponsor.

**Employer Effective Date:** the date PAI begins to provide services under this Plan of Benefits, also known as Plan Sponsor Effective Date.

**Enrollment Date:** the date of enrollment in the Group Health Plan or the first day of the Waiting Period for enrollment, whichever is earlier.

**Experimental or Investigational:** surgical procedures or medical procedures, supplies, devices or drugs that, at the time provided, or sought to be provided, are in the judgment of PAI not recognized as conforming to generally accepted medical practice, or the procedure, drug or device:

1. Has not received required final approval to market from appropriate government bodies;
2. Is one about which the peer-reviewed medical literature does not permit conclusions concerning its effect on health outcomes;
3. Is not demonstrated to be as beneficial as established alternatives;
4. Has not been demonstrated to improve net health outcomes;
5. Is one in which the improvement claimed is not demonstrated to be obtainable outside the experimental or investigational setting.

**Excepted Benefits:**

1. Coverage only for accident, or disability income insurance, or any combination thereof;
2. Coverage issued as a supplement to liability insurance;
3. Liability insurance, including general liability insurance and automobile liability insurance;
4. Workers' compensation or similar insurance;
5. Automobile medical payment insurance;
6. Credit-only insurance;
7. Coverage for on-site medical clinics;
8. Other similar insurance coverage specified in regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

If offered separately:

1. Limited scope dental or vision benefits;
2. Benefits for long-term care, nursing home care, Home Health Care, community-based care, or any combination thereof;
3. Such other similar, limited benefits as specified in regulations.

If offered as independent, non-coordinated benefits:

1. Coverage only for a specified disease or illness;
2. Hospital indemnity or other fixed indemnity insurance.

If offered as a separate insurance policy:

1. Medicare supplemental health insurance (as defined under Section 1882(g)(1) of the Social Security Act);
2. Coverage supplemental to the coverage provided under Chapter 55 of Title 10 of the United States Code;
3. Similar supplemental coverage under a group health Plan.

**Family Unit:** the covered Employee or Retiree and the family members who are covered as Dependents under the Plan.

**Formulary:** a list of prescription medications compiled by the third party payor of safe, effective therapeutic drugs specifically covered by this Plan.

**Foster Child:** an unmarried child under the limiting age shown in the Eligibility for Coverage section of this Plan for whom a covered Employee has assumed a legal obligation. All of these conditions must be met:

1. the child is being raised as the covered Employee's;
2. the child depends on the covered Employee for primary support;
3. the child lives in the home of the covered Employee;
4. the covered Employee may legally claim the child as a federal income tax deduction.

A covered Foster Child is not a child temporarily living in the covered Employee's home; one placed in the covered Employee's home by a social service agency which retains control of the child; or whose natural parent(s) may exercise or share parental responsibility and control.

**Generic Drug:** a Prescription Drug that has a chemical structure that is identical to and has the same bioequivalence as a Brand Name Drug but is not manufactured under a registered brand name or trademark or sold under a brand name. The Pharmacy Benefit Manager has the discretion to determine if a Prescription Drug is a Generic Drug.

**Genetic Information:** information about genes, gene products (messenger RNA and transplanted protein) or genetic characteristics derived from a Participant or family member of the Participant. Genetic Information includes information regarding carrier status and information derived from laboratory tests that identify mutations in specific genes or chromosomes, physical medical examinations, family histories, and direct analysis of genes or chromosomes. However, Genetic Information shall not include routine physical measurements, chemical, blood, and urine analyses unless conducted to diagnose a genetic characteristic; tests for abuse of drugs; and tests for the presence of human immunodeficiency virus.

**Grace Period:** a period of time as determined by the Plan Sponsor that allows for the Participant to pay any Premium due.

**Group Health Plan:** an employee welfare benefit plan adopted by the Plan Sponsor to the extent that such Plan provides health benefits to employees or their dependents, as defined under the terms of such Group Health Plan, directly or through insurance, reimbursement or otherwise. This Plan of Benefits is a Group Health Plan.

**Health Insurance Coverage:** benefits consisting of medical care (provided directly, through insurance or reimbursement, or otherwise) under any Hospital or medical service policy or certificate, Hospital or medical service Plan contract, or health maintenance organization contract offered by a health insurance issuer. Health Insurance Coverage includes group health insurance coverage, individual health insurance coverage, and short-term, limited-duration insurance.

**Health Status Related Factor:** information about a Participant's health, including health status, medical conditions (including both physical and mental illnesses), claims experience, receipt of health care, medical history, Genetic Information, evidence of insurability (including conditions arising out of acts of domestic violence), or disability.

**HIPAA:** the Health Insurance Portability and Accountability Act of 1996, as amended.

**Home Health Care Agency:** an agency or organization licensed by the appropriate state regulatory agency to provide Home Health Care.

**Home Health Care Plan:** must meet these tests: it must be a formal written plan made by the patient's attending Physician which is reviewed at least every 30 days; it must state the diagnosis; it must certify that the Home Health Care is in place of Hospital confinement; and it must specify the type and extent of Home Health Care required for the treatment of the patient.

**Home Health Care Services and Supplies:** part-time or intermittent nursing care, health aide services, or physical, occupational, or speech therapy provided or supervised by a Home Health Agency and provided to a homebound Participant in such Participant's private residence.

**Hospice Agency:** an organization where its main function is to provide Hospice Care Services and Supplies and it is licensed by the state in which it is located, if licensing is required.

**Hospice Care Plan:** a plan of terminal patient care that is established and conducted by a Hospice Agency and supervised by a Physician.

**Hospice Care Services and Supplies:** those provided through a Hospice Agency and under a Hospice Care Plan and include inpatient care in a Hospice Unit or other licensed facility, home care, and family counseling during the bereavement period.

**Hospice Unit:** a facility or separate Hospital Unit that provides treatment under a Hospice Care Plan and admits at least two unrelated persons who are expected to die within six months.

**Hospital:** a short-term, acute-care facility licensed as a hospital by the state in which it operates. A Hospital is engaged primarily in providing medical, surgical, or acute behavioral health diagnosis and treatment of injured or sick persons, by or under the supervision of a staff of licensed Physicians, and continuous twenty-four (24) hour-a-day services by licensed, registered, graduate nurses physically present and on duty. The term Hospital does not include Long Term Acute Care Hospitals, chronic care institutions or facilities that principally provide custodial, rehabilitative or long-term care, whether or not such institutions or facilities are affiliated with or are part of a Hospital. A Hospital may participate in a teaching program. This means medical students, interns, or residents participating in a teaching program may treat Participants.

**Identification Card:** the card issued by PAI to a Participant that contains the Participant's identification number.

**Incapacitated Child:** A covered Dependent Child who reaches the limiting age and is Totally Disabled, incapable of self-sustaining employment by reason of mental or physical handicap, primarily dependent upon the covered Employee for support and maintenance and unmarried. The Plan Administrator may require, at reasonable intervals during the two years following the Dependent's reaching the limiting age, subsequent proof of the child's Total Disability and dependency.

The Plan Administrator may require subsequent proof not more than once each year. The Plan Administrator reserves the right to have such Dependent examined by a Physician of the Plan Administrator's choice, at the Plan's expense, to determine the existence of such incapacity.

**Independent Review Organization:** An external review organization approved by the South Carolina Department of Insurance and accredited by a nationally recognized private accrediting organization, and not affiliated with the health carrier.

**Illness:** a bodily disorder, disease, physical sickness or Mental Disorder. Illness includes Pregnancy, childbirth, miscarriage or complications of Pregnancy.

**Injury:** an accidental physical Injury to the body caused by unexpected means.

**Intensive Care Unit:** a separate, clearly designated service area which is maintained within a Hospital solely for the care and treatment of patients who are critically ill. This also includes what is referred to as a "coronary care unit" or an "acute care unit". It has: facilities for special nursing care not available in regular rooms and wards of the Hospital; special lifesaving equipment which is immediately available at all times; at least two beds for the accommodation of the critically ill; and at least one registered nurse (R.N.) in continuous and constant attendance 24 hours a day.

**Late Enrollee:** an Employee who enrolls under this Group Health Plan other than during:

1. The first period in which the Employee or Dependent is eligible to enroll if such initial enrollment period is a period of at least thirty (30) days;
2. A Special Enrollment period (as set forth in the Eligibility for Coverage section).

**Life-Threatening Condition:** means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

**Legal Guardian:** a person recognized by a court of law as having the duty of taking care of the person and managing the property and rights of a minor child.

**Lifetime:** a word that appears in this Plan in reference to benefit maximums and limitations. Lifetime is understood to mean while covered under this Plan. Under no circumstances does Lifetime mean during the lifetime of a Participant.

**Mail Service Pharmacy:** a Pharmacy maintained by the Pharmacy Benefit Manager that fills prescriptions and sends Prescription Drugs by mail.

**Maternity Management Program:** the voluntary program offered by the Group Health Plan to Participants who are pregnant.

**Maximum Payment:** the maximum amount the Group Health Plan will pay (as determined by PAI) for a particular Benefit. The Maximum Payment will not be affected by any credit. The Maximum Payment will be one of the following as determined by PAI in its discretion, subject to any different amount that may be required under applicable law:

1. The actual charge submitted to PAI for the service, procedure, supply or equipment by a Provider;
2. An amount based upon the reimbursement rates established by the Plan Sponsor in its Benefits Checklist;
3. An amount that has been agreed upon in writing by a Provider and PAI;
4. An amount established by PAI, based upon factors including, but not limited to:
  - a. Governmental reimbursement rates applicable to the service, procedure, supply or equipment; or,
  - b. Reimbursement for a comparable or similar service, procedure, supply or equipment, taking into consideration the degree of skill, time and complexity involved; geographic location and circumstances giving rise to the need for the service, procedure, supply or equipment; or,
5. The lowest amount of reimbursement PAI allows for the same or similar service, procedure, supply or equipment when provided by a Participating/Contracting Provider.

In addition, the Maximum Payment for Emergency Services or Air Ambulance Services by a Non-Participating/Non-Contracting Provider, or Non-Emergency Services by a Non-Participating/Non-Contracting Provider at a Participating/Contracting Hospital, Hospital outpatient department, Critical Access Hospital, or Ambulatory Surgical Center, will be the Recognized Amount, unless a different Maximum Payment amount is permitted or required under applicable law.

**Maximum Payment:** the maximum amount the Group Health Plan will pay for a particular Benefit. The Maximum Payment will not be affected by any Credit. The Maximum Payment will be one of these:

1. The actual charge submitted to the Plan Supervisor for the service, procedure, supply or equipment by a Provider;
2. An amount based upon the reimbursement rates established by the Plan Sponsor in its Benefits Checklist;
3. An amount that has been agreed upon in writing by a Provider and the network used by the Plan Sponsor based upon factors including but not limited to, (i) governmental reimbursement rates applicable to the service, procedure, supply or equipment, or (ii) reimbursement for a comparable or similar service, procedure, supply or equipment, taking into consideration the degree of skill, time and complexity involved, geographic location and the circumstances giving rise to the need for the service, procedure, supply or equipment;
4. The lowest amount of reimbursement allowed for the same or similar services, procedure, supply or equipment when provided by a Participating Provider.

**Medical Care Facility:** a Hospital, a facility that treats one or more specific ailments or any type of Skilled Nursing Facility.

**Medical Child Support Order:** any judgment, decree or order (including an approved settlement agreement) issued by a court of competent jurisdiction or a national medical support notice issued by the applicable state agency that:

1. Provides child support with respect to a child or provides for health benefit coverage to a child, is made pursuant to a state domestic relations law (including a community property law), and relates to the Plan of Benefits;
2. Enforces a law relating to medical child support described in Section 1908 of the Social Security Act (as added by section 13822 of the Omnibus Budget Reconciliation Act of 1993) with respect to a group health Plan.
3. A Medical Child Support Order must clearly specify:
  - a. The name and the last known mailing address (if any) of each participant employee and the name and mailing address of each alternate recipient covered by the order;
  - b. A reasonable description of the type of coverage to be provided by the group health Plan to each such alternate recipient or the manner in which such type of coverage is to be determined;
  - c. The period to which such order applies;
  - d. Each group health Plan to which such order applies.
4. If the Medical Child Support Order is a national medical support notice, the order must also include:
  - a. The name of the issuing agency;
  - b. The name and mailing address of an official or agency that has been substituted for the mailing address of any alternate recipient;
  - c. The identification of the underlying Medical Child Support Order.
5. A Medical Child Support Order meets the requirement of this definition only if such order does not require a group health Plan to provide any type or form of the requirements of a law relating to medical child support described in Section 1908 of the Social Security Act (as added by section of 13822 of the Omnibus Budget Reconciliation Act of 1993).

**Medical Emergency:** a sudden onset of a condition with acute symptoms requiring immediate medical care and includes such conditions as heart attacks, cardiovascular accidents, poisonings, loss of consciousness or respiration, convulsions or other such acute medical conditions.

**Medical Non-Emergency Care:** care which can safely and adequately be provided other than in a Hospital.

**Medically Necessary/Medical Necessity/Medical Care Necessity:** health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

1. in accordance with generally accepted standards of medical practice;
2. clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease;
3. not primarily for the convenience of the patient, Physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For the purposes of this definition, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

**Medical Record Review:** in the event that the Plan, based upon a medical record review and audit, determines that a different treatment or different quantity of a drug or supply was provided which is not supported in the billing, then the plan Administrator may determine the Maximum Allowable Charge according to the medical record review and audit results.



**Medical Supplies:** supplies that are:

1. Medically Necessary;
2. Prescribed by a Physician acting within the scope of his or her license (or are provided to a Participant in a Physician's office);
3. Are not available on an over-the-counter basis (unless such supplies are provided to a Participant in a Physician's office and should not (in PAI's discretion) be included as part of the treatment received by the Participant);
4. Are not prescribed in connection with any treatment or benefit that is excluded under this Plan of Benefits.

**Medicare:** the Health Insurance For The Aged and Disabled program under Title XVIII of the Social Security Act, as amended.

**Mental Health Parity:** Pursuant to the Mental Health Parity and Addiction Equity Act of 2008, this Plan applies the terms **uniformly** and enforces parity between covered health care Benefits and covered mental health and substance disorder Benefits relating to financial cost sharing restrictions and treatment duration limitations. For further details, please contact the Plan Administrator.

**Mental Health Services:** treatment (except Substance Use Services) for a condition that is defined, described or classified as a psychiatric disorder or condition in the most current *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association and is not otherwise excluded by the terms and conditions of this Plan of Benefits.

**Midwife:** a person who is certified or licensed to assist women in the act of childbirth.

**Milieu Therapy:** type of treatment in which the patient's social environment is manipulated for his/her benefit.

**Morbid Obesity:** a diagnosed condition in which the body weight exceeds the medically recommended weight by either 100 pounds or is twice the medically recommended weight for a person of the same height, age and mobility as the Participant.

**Natural Teeth:** teeth that:

1. Are free of active or chronic clinical decay;
2. Have at least 50% bony support;
3. Are functional in the arch;
4. Have not been excessively weakened by multiple dental procedures;
5. Teeth that have been treated for one (1) or more of the conditions referenced in 1-4 above and, as a result of such treatment, have been restored to normal function.

**No-fault Auto Insurance:** basic reparations provision of a law providing for payments without determining fault in connection with automobile accidents.

**Non-Participating Provider:** any Provider who does not have a current, valid contract with one of the networks used by this Plan of Benefits.

**Non-Preferred Brand Name Drug:** a Prescription Drug that bears a recognized brand name of a particular manufacturer but does not appear on the list of Preferred Brand Name Drugs and has not been chosen by PAI or its designated Pharmacy Benefit Manager to be a Preferred Brand Name Drug, including any Brand Name Drug with an "A" rated Generic Drug available.

**Orthognathic surgery:** surgery performed on the bones of the jaws to change their positions. Orthognathic surgery is corrective facial surgery where deformities of the jaw exist. It may be indicated for functional, cosmetic, or health reasons. It is surgery commonly done on the jaws in conjunction with orthodontic treatment, which straightens the teeth.

**Orthopedic Device:** any rigid or semirigid leg, arm, back or neck brace and casting materials that are used directly for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.

**Orthotic Device:** any device used to mechanically assist, restrict, or control function of a moving part of the Participant's body.

**Other Plan:** includes, but is not limited to:

1. Any primary payer besides the Plan;
2. Any other group health plan;
3. Any other coverage or policy covering the Participant;
4. Any first party insurance through medical payment coverage, personal injury protection, no-fault coverage, uninsured or underinsured motorist coverage;
5. Any policy of insurance from any insurance company or guarantor of a responsible party;
6. Any policy of insurance from any insurance company or guarantor of a third party;
7. Worker's compensation or other liability insurance company;
8. Any other source, including but not limited to crime victim restitution funds, any medical, disability or other benefit payments, and school insurance coverage.

**Outpatient Care and/or Services:** treatment including services, supplies and medicines provided and used at a Hospital under the direction of a Physician to a person not admitted as a registered bed patient; or services rendered in a Physician's office, laboratory or X-ray facility, and Ambulatory Surgical Center, or the patient's home.

**Out-of-Pocket Maximum:** the maximum amount (if listed on the Schedule of Benefits) of otherwise Covered Expenses incurred during a Benefit Year that a Participant will be required to pay.

**Over-the-Counter Drug:** a drug that does not require a prescription.

**Paid Claim:** for contractual purpose of this Plan, means a claim will be deemed Paid on the date a check is cut for the services rendered.

**Partial Hospitalization:** an outpatient program specifically designed for the diagnosis or active treatment of a Mental Disorder or Substance Use when there is a reasonable expectation for improvement or when it is necessary to maintain a patient's functional level and prevent relapse; this program shall be administered in a psychiatric facility which is accredited by the Joint Commission on Accreditation of Health Care Organizations and shall be licensed to provide partial hospitalization services, if required, by the state in which the facility is providing these services. Treatment lasts less than 24 hours, but more than four hours a day and no charge is made for room and board.

**Participant:** an Employee or Dependent who has enrolled (and qualifies for coverage) under this Plan of Benefits. A Participant may also include individuals who meet the criteria under the "other eligible group classifications" as defined in the Eligibility section of this document.

**Participant Effective Date:** the date on which a Participant is covered for Benefits under the terms of this Plan of Benefits.

**Participating Provider:** a Physician, Hospital or other Provider who has a signed contract with one of the networks used by this Plan of Benefits and who has agreed to provide Benefits to a Participant and submit claims to PAI and to accept the Allowed Amount as payment in full for Benefits. The participating status of a Provider may change.

**Pharmacy:** a licensed establishment where Prescription Drugs are filled and dispensed by a pharmacist licensed under the laws of the state where the pharmacist practices.

**Physician:** a person who is:

1. Not an:
  - h. Intern;
  - i. Resident;
  - j. In-house physician;
2. Duly licensed by the appropriate state regulatory agency as a:
  - a. Medical doctor;
  - b. Oral surgeon;
  - c. Osteopath;
  - d. Podiatrist;
  - e. Chiropractor;
  - f. Optometrist;
  - g. Psychologist with a doctoral degree in psychology;
3. Legally entitled to practice within the scope of his or her license;
4. Customarily bills for his or her services.

**Physician Services:** these services, performed by a Physician within the scope of his or her license, training and specialty and within the scope of generally acceptable medical standards as determined by PAI:

1. Office visits, which are for the purpose of seeking or receiving care for an illness or injury;
2. Basic diagnostic services and machine tests;
3. Physician Services includes these services when performed by a medical doctor, osteopath, podiatrist or oral surgeon, but specifically excluding such services when performed by a chiropractor, optometrist, or licensed psychologist with a doctoral degree:
  - a. Benefits rendered to a Participant in a Hospital or Skilled Nursing Facility;
  - b. Benefits rendered in a Participant's home;
  - c. Surgical Services;
  - d. Anesthesia services, including the administration of general or spinal block anesthesia;
  - e. Radiological examinations;
  - f. Laboratory tests;
  - g. Maternity services, including consultation, prenatal care, conditions directly related to pregnancy, delivery and postpartum care, and delivery of one or more infants. Physician Services also include maternity services performed by certified nurse midwives.

**Plan:** any program that provides benefits or services for medical or dental care or treatment including:

1. Individual or group coverage, whether insured or self-insured. This includes, but is not limited to, prepayment, group practice or individual practice coverage;
2. Coverage under a governmental Plan or coverage required or provided by law. This does not include a state Plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended).

Each contract or other arrangement for coverage is a separate Plan for purposes of this Plan of Benefits. If a Plan has two (2) or more parts and the coordination of benefits rules apply only to one (1) of the parts, each part is considered a separate Plan.

**Plan Administrator:** the entity charged with the administration of the Plan of Benefits. The Plan Sponsor is the Plan Administrator of this Plan of Benefits.

**Plan of Benefits:** This Plan of Benefits including, the membership application, the Schedule of Benefits, and all endorsements, amendments, riders or addendums.

**Plan of Benefits Effective Date:** 12:01 AM on the date listed on the Schedule of Benefits.

**Plan Sponsor:** also known as the Employer.

**Plan Year:** the 12-month period beginning on either the effective date of the Plan or on the day following the end of the first Plan Year which is a short Plan Year.

**Post-Service Claim:** any claim that is not a Pre-Service Claim.

**Preadmission Review:** the review that must be obtained by a Participant (or the Participant's representative) prior to all Admissions that are not related to an Emergency Medical Condition.

**Preauthorized/Preauthorization:** the approval of Benefits based on Medical Necessity prior to the rendering of such Benefits to a Participant. Preauthorization means only that the Benefit is Medically Necessary. Preauthorization is not a guarantee of payment or a verification that Benefits will be paid or are available to the Participant. Notwithstanding Preauthorization, payment for Benefits is subject to a Participant's eligibility and all other limitations and exclusions contained in this Plan of Benefits. A Participant's entitlement to Benefits is not determined until the Participant's claim is processed.

**Preferred Brand Drug:** a Prescription Drug that bears a recognized brand name of a particular manufacturer and appears on the list of Preferred Brand Drugs.

**Preferred Brand Name Drug:** a Prescription Drug that has been reviewed for cost effectiveness, clinical efficacy and quality that is preferred by the Pharmacy Benefit Manager for dispensing to Participants. Preferred Brand Name Drugs are subject to periodic review and modification by PAI, or its designated Pharmacy Benefit Manager, and include Brand Name Drugs and Generic Drugs.

**Pregnancy:** childbirth and conditions associated with Pregnancy, including complications.

**Premium:** the monthly amount paid to the Plan Sponsor by the Participant for coverage under this Plan of Benefits. Payment of Premiums by the Participant constitutes acceptance by the Participant of the terms of this Plan of Benefits.

**Prescription Drugs:** a drug or medicine that is:

1. Required to be labeled that it has been approved by the Food and Drug Administration;
2. Bears the legend "Caution: Federal Law prohibits dispensing without a prescription" or "Rx Only" prior to being dispensed or delivered, or labeled in a similar manner;
3. Insulin.

Additionally, to qualify as a Prescription Drug, the drug must:

1. Be ordered by a medical doctor or oral surgeon as a prescription;
2. Not be entirely consumed at the time and place where the prescription is dispensed;
3. Be purchased for use outside a Hospital.

Prescription Drugs which otherwise may not meet the definition of Prescription Drugs:

1. DESI drugs – These drugs are determined by the FDA (Food and Drug Administration) as lacking substantial evidence of effectiveness. The DESI drugs do not have studies to back up the medications' uses, but since they have been used and accepted for many years without any safety problems, they continue to be used in today's marketplace.

2. Controlled substance 5 (CV) OTC's are covered. (Examples: Robitussin AC syrup and Naldecon-CX) Federal law designates these medications as OTC. Nevertheless, depending on certain state Pharmacy laws, the medications may be considered prescription medications and are, therefore, all covered.
3. Single entity vitamins – These vitamins have indications in addition to their use as nutritional supplements. For this reason, Plan supervisor recommends covering these medications. Single entity vitamins are used for the treatment of specific vitamin deficiency diseases. Some examples include: vitamin B12 (cyanocobalamin) for the treatment of pernicious anemia and degeneration of the nervous system; vitamin K (phytonadione) for the treatment of hypoprothrombinemia or hemorrhage; and folic acid for the treatment of megaloblastic and macrocytic anemias.

**Prescription Drug Copay:** the amount payable, if any, set forth on the Schedule of Benefits, by the Participant for each Prescription Drug filled or refilled. This amount will not be applied to the Benefit Year Deductible or the Out-of-Pocket Maximum.

**Pre-Service Claim:** any claim or request for a Benefit where prior authorization or approval must be obtained from BlueCross Medical Review Department before receiving the medical care, service or supply.

**Primary Plan:** a Plan whose benefits must be determined without taking into consideration the existence of another Plan.

**Prior to Effective Date or After Termination Date:** dates occurring before a Participant gains eligibility from the Plan, or dates occurring after a Participant loses eligibility from the Plan, as well as charges incurred prior to the effective date of coverage under the Plan or after coverage is terminate, unless Extension of Benefits applies.

**Protected Health Information (PHI):** Protected Health Information as that term is defined under HIPAA.

**Prosthetic Device:** any device that replaces all or part of a missing body organ or body member, except a wig, hairpiece or any other artificial substitute for scalp hair.

**Provider:** any person or entity licensed by the appropriate state regulatory agency and legally engaged within the scope of such person or entity's license in the practice of:

- |                         |                        |
|-------------------------|------------------------|
| ◆ Medicine              | ◆ Physical Therapy     |
| ◆ Dentistry             | ◆ Behavioral Health    |
| ◆ Optometry             | ◆ Oral Surgery         |
| ◆ Podiatry              | ◆ Speech Therapy       |
| ◆ Chiropractic Services | ◆ Occupational Therapy |

Provider includes a long-term-care Hospital, a Hospital, a rehabilitation facility, Skilled Nursing Facility, and nurses practicing in expanded roles (such as pediatric nurse practitioners, family practice nurse practitioners and certified nurse midwives) when supervised by a medical doctor or oral surgeon. The term Provider does not include physical trainers, lay midwives or masseuses.

**Qualified Individual:** means an individual who is a Participant in a health Plan who meets these conditions:

1. The individual is eligible to participate in an Approved Clinical Trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition;
2. Is either:
  - a. Referred by a participating health care provider and has concluded that the individual's participation in such trial would be appropriate;
  - b. The Participant provides medical and scientific information establishing that their participation in the trial would be appropriate.

**Qualified Medical Child Support Order (QMCSO):** a Medical Child Support Order that:

1. Creates or recognizes the existence of an Alternate Recipient's right to enroll under this Plan of Benefits;
2. Assigns to an Alternate Recipient the right to enroll under this Plan of Benefits.

**Qualifying Event:** for continuation of coverage purposes, a Qualifying Event is any one of these:

1. Termination of the Employee's employment (other than for gross misconduct) or reduction of hours worked that renders the Employee no longer Actively at Work and therefore ineligible for coverage under the Plan of Benefits;
2. Death of the Employee;
3. Divorce or legal separation of the Employee from his or her spouse;
4. A Child ceasing to qualify as a Dependent under this Plan of Benefits.
5. Entitlement to Medicare by an Employee, or by a parent of a Child;
6. A proceeding in bankruptcy under Title 11 of the United States Code with respect to an Employer from whose employment an Employee retired at any time.

**Reasonable and/or Reasonableness:** in the administrator's discretion, services or supplies, or fees for services or supplies which are necessary for the care and treatment of illness or injury not caused by the treating Provider. Determination that fee(s) or services are reasonable will be made by the Plan Administrator, taking into consideration unusual circumstances or complications requiring additional time, skill and experience in connection with a particular service or supply; industry standards and practices as they relate to similar scenarios; and the cause of injury or illness necessitating the service(s) and/or charge(s).

This determination will consider, but will not be limited to, the findings and assessments of these entities: (a) The national Medical Associations, Societies, and organizations; and (b) The Food and Drug Administration. To be Reasonable, service(s) and/or fee(s) must be in compliance with generally accepted billing practices for unbundling or multiple procedures. Services, supplies, care and/or treatment that results from errors in medical care that are clearly identifiable, preventable, and serious in their consequence for patients, are not Reasonable. The Plan Administrator retains discretionary authority to determine whether service(s) and/or fee(s) are Reasonable based upon information presented to the Plan Administrator. A finding of Provider negligence and/or malpractice is not required for service(s) and/or fee(s) to be considered not Reasonable.

Charge(s) and/or service(s) are not considered to be Reasonable, and as such are not eligible for payment (exceed the Maximum Allowable Charge), when they result from Provider error(s) and/or facility-acquired conditions deemed "reasonably preventable" through the use of evidence-based guidelines, taking into consideration but not limited to CMS guidelines.

The Plan reserves for itself and parties acting on behalf of the right to review charges processed and/or paid by the Plan, to identify charge(s) and/or service(s) that are not reasonable and therefore not eligible for payment by the Plan.

**Recognized Amount:** the lesser of the Non-Participating/Non-Contracting Provider's Billed Charges or PAI's median contracted rate for Participating/Contracting Providers for the same or similar item or service furnished in the same or similar specialty in the same geographic region; provided that, except in connection with air ambulance services, if there is a recognized amount specified for this purpose under an applicable All-Payer Model Agreement under Section 1115A of the Social Security Act, or if not, under applicable state law, then such amount, as applicable, will instead serve as the Recognized Amount.

**Rescission:** a cancellation or discontinuance of coverage that has retroactive effect. A cancellation or discontinuance of coverage is not a Rescission if the cancellation or discontinuance of coverage:

1. Has only a prospective effect;
2. Is effective retroactively to the extent it is attributable to a failure to timely pay required premiums or contributions toward the cost of coverage.

A Rescission retroactively canceling coverage is permitted if an individual performs an act, practice or omission that constitutes fraud or if the individual makes an intentional misrepresentation of material fact, as prohibited by the terms of the Plan or coverage.

**Residential Treatment Center:** a licensed institution, other than a Hospital, which meets all six of these requirements:

1. Maintains permanent and full-time Facilities for bed care of resident patients,
2. Has the services of a Psychiatrist (Addictionologist, when applicable) or Physician extender available at all times and is responsible for the diagnostic evaluation, provides face-to-face evaluation services with documentation a minimum of once/week and PRN as indicated;
3. Has a Physician or registered nurse (RN) present onsite who is in charge of patient care along with one or more registered nurses (RNs) or licensed practical nurses (LPNs) onsite at all times (24/7);
4. Keeps a daily medical record for each patient;
5. Is primarily providing a continuous structured therapeutic program specifically designed to treat behavioral health disorders and is not a group or boarding home, boarding or therapeutic school, half-way house, sober living residence, wilderness camp or any other facility that provides Custodial Care;
6. Is operating lawfully as a residential treatment center in the area where it is located.

**Routine Participant Costs:** include all items and services consistent with what is typically covered by the Plan for a Qualified Individual who is not enrolled in a clinical trial. This DOES NOT include services that are considered:

1. The investigational item, device, or service, itself;
2. Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the Participant;
3. A service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

**Retired Employee:** a former Active Employee of the Plan Sponsor who was retired while employed by the Plan Sponsor under the formal written plan of the Employer and elects to contribute to the Plan the contribution required from the Retired Employee.

**Schedule of Benefits:** the pages of this Plan of Benefits so titled that specify the coverage provided and the applicable Copays, Coinsurance, Benefit Year Deductibles and Benefit limitations.

**Second Opinion:** an opinion from a Physician regarding a service recommended by another Physician before the service is performed, to determine whether the proposed service is Medically Necessary and covered under the terms of this Plan of Benefits.

**Secondary Plan:** the Plan that has secondary responsibility for paying a Participant's claim as determined through the coordination of benefits provisions of this Plan of Benefits.

**Serious Medical Condition:** a health condition or illness that requires medical attention and for which failure to provide the current course of treatment through the current Provider would place the Participant's health in serious jeopardy. This includes cancer, acute myocardial infarction and pregnancy.

**Sickness:** For a covered Employee and covered Spouse: Illness, disease or Pregnancy.

For a covered Dependent other than Spouse: Illness or disease.

**Skilled Nursing Facility:** a facility that fully meets all of these tests:

1. It is licensed to provide professional nursing services on an inpatient basis to person convalescing from Injury or Sickness. The service must be rendered by a registered nurse (R.N.) or by a licensed practical nurse (L.P.N.) under the direction of a registered nurse. Services to help restore patients to self-care in essential daily living activities must be provided.
2. Its services are provided for compensation and under the full-time supervision of a Physician.
3. It provides 24 hour per day nursing services by licensed nurses, under the direction of a full-time registered nurse.
4. It maintains a complete medical record on each patient.
5. It has an effective utilization review plan.
6. It is not, other than incidentally, a place for rest, the aged, drug addicts, alcoholics, mentally challenged, Custodial or education care or care of Mental Disorders.
7. It is approved and licensed by Medicare.

This term also applies to charges incurred in a facility referring to itself as an extended care facility, convalescent nursing home, rehabilitation hospital, long-term acute care facility or any other similar nomenclature.

**Special Enrollment:** the time period during which an Employee or eligible Dependent who is not enrolled for coverage under this Plan of Benefits may enroll for coverage due to the involuntary loss of other coverage or under circumstances described in the Eligibility For Coverage section of this Plan of Benefits.

**Specialist:** a Physician who specializes in a particular branch of medicine.

**Specialty Drugs:** Prescription Drugs that treat a complex clinical condition and/or require special handling such as refrigeration. They generally require complex clinical monitoring, training and expertise. Specialty Drugs include, but are not limited to, infusible Specialty Drugs for chronic diseases, injectable and self-injectable drugs for acute and chronic diseases, and specialty oral drugs. Specialty Drugs are used to treat acute and chronic disease states (e.g. growth deficiencies, hemophilia, multiple sclerosis, rheumatoid arthritis, Gaucher's Disease, hepatitis, cancer, organ transplantation, Alpha 1-antitrypsin disease and immune deficiencies).

**Spinal Manipulation/Chiropractic Care:** skeletal adjustments, manipulation or other treatment in connection with the detection and correction by manual or mechanical means of structural imbalance or subluxation in the human body. Such treatment is done by a Physician to remove nerve interference resulting from, or related to, distortion, misalignment or subluxation of, or in, the vertebral column.

**Substance Use:** the continued use, abuse and/or dependence on legal or illegal substance(s), despite significant consequences or marked problems associated with the use (as defined, described or classified in the most current version of *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association).

**Substance Use Services:** services or treatment relating to Substance Use.

**Totally Disabled/Total Disability:** the Participant is able to perform none of the usual and customary duties of such Participant's occupation. With respect to a Participant who is a Dependent, the terms refer to disability to the extent that such Participant can perform none of the usual and customary duties or activities of a person in good health of the same age. The Participant must provide a licensed medical doctor's statement of disability upon periodic request by the Group Health Plan.

**Transplant:** The transfer of organs or tissues, including bone marrow, stem cells and cord blood, from human to human. Transplants are covered only at facilities approved by PAI in writing and include only those procedures that otherwise are not excluded by this Plan of Benefits. Preauthorization is required. Transplant Physician Charges are subject to the Benefit Year Deductible.

**Transplant Benefit Period:** the period of time that for Transplant of:



1. an organ, the period that begins one day prior to the Admission date for Transplant and continues for a 12-month period. Anti-rejection drugs are not subject to the Transplant Benefit Period;
2. bone marrow, the period that begins one day prior to the date marrow ablative therapy begins, or one day prior to the day the preparative regimen for non-myeloablative Transplant begins and continues for a twelve (12) month period. Mobilization therapy and stem-cell harvest are also included. Anti-rejection drugs are not subject to the Transplant Benefit Period.

**Urgent Care:** treatment required in order to treat an unexpected illness or injury that is life-threatening and required in order to prevent a significant deterioration of the Participant's health if treatment were delayed.

**Urgent Care Claim:** any claim for medical care or treatment where making a determination under other than normal time frames could seriously jeopardize the Participant's life or health or the Participant's ability to regain maximum function; or, in the opinion of a medical doctor or oral surgeon with knowledge of the Participant's medical condition, would subject the Participant to severe pain that could not be managed adequately without the care or treatment that is the subject of the claim.

**Usual and Customary (U & C):** Only Usual and Customary charges are covered expenses. When determining whether an expense is Usual and Customary, the Plan Administrator will take into consideration the fee(s) which the provider most frequently charges the majority of patients for the service or supply, and the prevailing range of fees charged in the same "area" by provider of similar training and experience for the service or supply. The term(s) "same geographic locale" and/or "area" shall be defined as a metropolitan area, county, or such greater area as is necessary to obtain a representative cross-section of providers, person or organizations rendering such treatment, services, or supplies for which a specific charge is made. To be Usual and Customary, fee(s) must be in compliance with generally accepted billing practices for unbundling or multiple procedures.

The term "Customary" refers to the form and substance of a service, supply, or treatment provided in accordance with generally accepted standards of medical practice to one individual, which is appropriate for the care or treatment of the same sex, comparable age and who receive such services or supplies within the same geographic locale.

The term "Usual and Customary" does not necessarily mean the actual charge made nor the specific service or supply furnished to a Participant by a provider of services or supplies, such as a physician, therapist, nurse, hospital, or pharmacist. The Plan Administrator will determine what the Usual and Customary charge is, for any procedure, service, or supply, and has the discretionary authority to decide whether a specific procedure, service or supply is Usual and Customary.

Usual and Customary charges may alternatively be determined and established by the Plan using normative data such as Medicare cost to charge ratios, average wholesale price (AWP) for prescriptions and/or manufacturer's retail pricing (MRP) for supplies and devices. In the event a PPO network provider is utilized, the network scheduled allowance may be utilized in lieu of the Usual and Customary Charge. This does not, however, remove the Plan Administrator's discretionary authority to decide whether a charge is Usual and Customary.

**Waiting Period:** a period of continuous employment with the Plan Sponsor that an Employee must complete before becoming eligible to enroll in the Plan of Benefits.

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**Oconee County**  
**Employee Medical Benefits Plan**  
Effective Date: May 1, 2022

Plan Document Signature Page

*Employer hereby amends and restates by this Plan Document an employee welfare benefit plan. It is intended that this Plan Document will serve to describe the nature, funding and benefits of the Plan.*



By

*Oconee County Administrator*

---

Title

Amanda F. Brock

---

Typed/Printed Name

June 2, 2022

---

Date



Witness

Oconee County  
Plan Sponsor  
OconeeCountyPD2022



Post Office Box 6927, AG-970  
Columbia, South Carolina 29260

Ordinance 2022-01  
Attachment B Health Plan Document

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**Oconee County Ordinance 2016-24**  
**EXHIBIT A**

**MODIFICATIONS TO THE OCONEE COUNTY HEALTH INSURANCE  
PLAN - RETIREE HEALTH INSURANCE PLAN PROVISIONS**

**THESE RETIREE HEALTH INSURANCE PLAN (THE “PLAN”) PROVISIONS ARE SUBJECT TO CHANGE, AND THE COUNTY’S ABILITY TO FUND THIS BENEFIT CAN BE IMPACTED BY FISCAL CHALLENGES AND LEGISLATIVE CHANGES. DUE TO THE RISK OF UNKNOWN CIRCUMSTANCES, THIS PLAN, AS DESCRIBED HEREIN, MAY BE DEEMED UNSUSTAINABLE AT SOME FUTURE TIME. THE RETIREE HEALTH INSURANCE GUIDELINES DESCRIBED HEREIN, OR OTHERWISE, ARE DISCRETIONARY ON THE PART OF THE COUNTY AND THE EMPLOYEE AND DO NOT CREATE ANY EXPRESS OR IMPLIED CONTRACT OF THIS BENEFIT BEING PROVIDED IN THE FUTURE OR IN ANY PARTICULAR AMOUNT AT ANY PARTICULAR TIME. NO PAST PRACTICES OR PROCEDURES, PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. IT IS EXPLICITLY STATED AND RECOGNIZED BY THE COUNTY AND EVERY EMPLOYEE OR OTHER PERSON ACCEPTING BENEFITS UNDER THE PLAN THAT ALL EMPLOYMENT IN OCONEE COUNTY (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR) IS “AT WILL” AND THAT NO OCONEE COUNTY EMPLOYEE (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR) HAS AN EMPLOYMENT AGREEMENT OR CONTRACT, AND THAT ALL PROVISIONS OF ANY AND ALL EMPLOYMENT BENEFITS, INCLUDING, WITHOUT LIMITATION, THOSE DESCRIBED IN THIS PLAN ARE ALWAYS SUBJECT TO ANNUAL APPROPRIATION BY THE OCONEE COUNTY COUNCIL, WHICH IS NEVER GUARANTEED AND NEVER WILL BE GUARANTEED.**

1. To the extent there are any inconsistencies between the provisions contained herein and the provisions of “ATTACHMENT C” to Ordinance 2016-01, the provisions herein supersede and replace such provisions, which are hereby revoked and repealed.
2. Oconee County (the “County”) acting by and through the Oconee County Council (“County Council”) currently pays a percentage of the total cost of health benefits for certain retirees of Oconee County and desires to share cost increases of such benefits with current and future retirees who are qualified by twenty (20) or more years of consecutive full-time employment with Oconee County.
3. All current retirees will continue with their current retiree health insurance / plan benefits, with no changes at this time; however, such benefits are subject to change in the future.
4. **Grandfathered Employees:**
  - a. “Grandfathered Employees” are those employees of Oconee County who had at least twenty (20) consecutive years of full-time employment for Oconee County as of December 31, 2013.
  - b. Upon retirement, Grandfathered Employees will remain on the Oconee County Health Care Plan, under the same terms and conditions as when they were

actively employed, until age 65 or when they become Medicare eligible, whichever occurs first. Spouses of Grandfathered Employees are eligible for the same coverage as Grandfathered Employees, provided the spouse is on the Grandfathered Employee's County Health Care Plan at the time of his or her retirement.

- c. Once a retired Grandfathered Employee reaches age 65, he or she is required to enroll in Medicare parts A & B in order to receive the Subsidy, as defined and described in Section 4.d. below,
  - d. The Subsidy:
    - i. The County desires to contribute a monthly subsidy to all Grandfathered Employees upon retirement, when they reach 65 years of age or when they become Medicare eligible, whichever occurs first.
    - ii. Current Oconee County paid health benefit coverage for Grandfathered Employees under the Oconee County Employee Health Care Plan shall cease when the Grandfathered Employee retires (becoming a "Grandfathered Retiree") and reaches age 65 or becomes Medicare eligible, whichever occurs first. Discontinuance of County paid health benefit coverage for spouses of Grandfathered Employees / Retirees will also occur when the spouse reaches age 65 or becomes Medicare eligible, whichever occurs first. Effective January 1, 2016 the County began contributing a monthly subsidy of \$158 per Grandfathered Retiree, or \$316 per month if married and the spouse is covered. This subsidy is solely for the purpose of assisting the Grandfathered Retiree and spouse, if applicable, in purchasing a Medicare supplemental insurance plan.
    - iii. Increases to the cost of the Oconee County Employee Health Care Plan will depend upon actual costs; increases to the Subsidy will change annually by the lower of CPI (Consumer Price Index) or 3% per year. The CPI increase will be determined using September over September time frame
    - iv. Grandfathered Employees / Retirees may choose to decline coverage under the Plan at any time, but they will not be allowed to re-enroll in the Plan in the future, (with the exception of 2 prior grandfathered employees with special circumstances).
5. **"Non-grandfathered Employees"** are those employees hired prior to July 1, 2005, who complete 20 years of consecutive employment for Oconee County but who do not qualify as Grandfathered Employees.
- a. Non-grandfathered Employees will remain eligible for Oconee County Employee Health Care Plan benefits upon their retirement, subject to the conditions stated therein, and otherwise provided by law.
  - b. Spouses of Non-grandfathered Employees will not be eligible for Oconee County Employee Health Care Plan coverage upon retirement of the Non-grandfathered Employee.
  - c. Once a Non-grandfathered Employee retires and attains the age of 65 or becomes Medicare eligible, whichever occurs first, Oconee County Employee Health Care Plan Coverage will cease.
  - d. No Subsidy will be provided Non-grandfathered Employees or their spouses.

6. For all groups (Grandfathered and Non-grandfathered), identified in these guidelines, only actual Oconee County employment time is considered for the purpose of determining contributions by Oconee County. No purchased service time of any kind will be considered for any group for purposes of retiree health benefits from Oconee County.
7. Employees hired after June 30, 2005 are ineligible for both retiree health care coverage and the Subsidy

## **Summary:**

### **Grandfathered Employees**

- Must have 20 consecutive years of County employment as of December 31, 2013.
- Retiree and Spouse will remain on the Oconee County Health Care Plan until they reach age 65 or become Medicare eligible, whichever occurs first.
- At age 65 or upon Medicare eligibility, (whichever occurs first) a subsidy in the amount of \$158 for Retiree or \$316 for Retiree/Spouse will be offered in calendar year 2016. Subsidy increases over time by the lesser of 3% per year or the prevailing CPI rate increase each year.

### **Non-Grandfathered Employees**

- Must have 20 consecutive years County employment and hired before July 1, 2005.
- If retired prior to age 65, Retiree will remain on the Oconee County Health Care Plan until the retiree reaches age 65 or becomes Medicare eligible, whichever occurs first.
- No coverage will be provided for spouse upon retirement of the Non-Grandfathered Employee.
- No Subsidy will be provided Non-grandfathered Employees or their spouses.

### **Employees hired on or after July 1, 2005**

- Oconee County provides no retiree health care coverage or Subsidy.

### **Current Retirees**

- Will continue with the current retiree health insurance / Plan benefits being received, with no changes at this time; however, the Plan is subject to change in the future.

**STATE OF SOUTH CAROLINA  
COUNTY OF OCONEE  
ORDINANCE 2022-02**

AN ORDINANCE TO ESTABLISH THE BUDGET FOR THE SCHOOL DISTRICT OF OCONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR THE OPERATIONS OF THE SCHOOL DISTRICT OF OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2022 AND ENDING JUNE 30, 2023.

BE IT ORDAINED by the County Council for Oconee County, South Carolina (the “County Council”), in accordance with the general law of the State of South Carolina and the Acts and Joint Resolutions of the South Carolina General Assembly, as follows:

**SECTION 1**

The following amounts are hereby approved for budget purposes and appropriated for the 2022-2023 fiscal year for the School District of Oconee County:

School Operations	\$ 70,981,677
School Debt	\$ 18,370,418
Total School District	<u>\$ 89,352,095</u>

**SECTION 2**

A tax of sufficient millage to fund the aforesated appropriations for the School District of Oconee County for the fiscal year beginning July 1, 2022 and ending June 30, 2023 is hereby directed to be levied upon all property eligible to be taxed for this purpose in Oconee County and duly collected.

**SECTION 3**

The Auditor of Oconee County is hereby requested to recommend to County Council, for approval by County Council, a sufficient millage levy, and the Treasurer of Oconee County is hereby directed to collect sufficient millage on all taxable property in Oconee County on which school taxes may be levied to provide for the aforesated operations appropriations and direct expenditures of the School District of Oconee County for the fiscal year beginning July 1, 2022 and ending June 30, 2023.

**SECTION 4**

In accordance with the Constitution and general law of the State of South Carolina, and the Acts and Joint Resolutions of the South Carolina General Assembly, the Auditor of Oconee County shall set the millage levy for the debt service requirements of the School District and the Treasurer of Oconee County shall collect sufficient millage on all taxable property in Oconee County on which school taxes may be levied to provide for the debt service requirements of the School District of Oconee County for the fiscal year beginning July 1, 2022 and ending June 30, 2023.



**SECTION 5**

If any clause, phrase, sentence, paragraph, appropriation, or section of this Ordinance shall be held invalid for any reason, it shall not affect the validity of this Ordinance as a whole or the remaining clauses, phrases, sentences, paragraphs, appropriations, or sections hereof, which are hereby declared severable.

**SECTION 6**

All other orders, resolutions, and ordinances of Oconee County, inconsistent herewith, are, to the extent of such inconsistency only, hereby revoked, rescinded, and repealed.

**SECTION 7**

This Ordinance shall become effective upon approval on third reading and enforced from and after July 1, 2022.

Adopted in meeting duly assembled this \_\_\_\_ day of June, 2022.

OCONEE COUNTY, SOUTH CAROLINA

\_\_\_\_\_  
John Elliott  
Chairman, Oconee County Council

ATTEST

\_\_\_\_\_  
Jennifer C. Adams  
Clerk to County Council

First Reading: May 3, 2022  
Public Hearings: May 17, 2022  
Second Reading: May 17, 2022  
Public Hearings: June 7, 2022  
Third Reading: June 7, 2022

**STATE OF SOUTH CAROLINA  
COUNTY OF OCONEE  
ORDINANCE 2022-03**

AN ORDINANCE TO PROVIDE FOR THE LEVY OF TAXES FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT AND TO ESTABLISH THE BUDGET FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT FOR THE FISCAL YEAR BEGINNING JULY 1, 2022 AND ENDING JUNE 30, 2023.

BE IT ORDAINED by the County Council for Oconee County, South Carolina, (the “County Council”), in accordance with the general law of the State of South Carolina, including, without limitation, Section 4-9-30, South Carolina Code, 1976, as amended and the Acts and Joint Resolutions of the South Carolina General Assembly, as follows:

**SECTION 1**

For the fiscal year beginning July 1, 2022 and ending June 30, 2023, \$920,050 is hereby appropriated for fire protection services in the Keowee Fire Special Tax District.

**SECTION 2**

A tax of sufficient millage, not to exceed 17.5 mills, to fund the aforesated appropriations for the Keowee Fire Special Tax District for the fiscal year beginning July 1, 2021 and ending June 30, 2023, after crediting against such appropriations all other unrestricted revenue anticipated to accrue to Keowee Fire Special Tax District and any fund balance budgeted to be used during said fiscal year, is hereby directed to be levied on all taxable property, eligible to be lawfully taxed for such purposes, in the Keowee Fire Special Tax District.

**SECTION 3**

The Auditor of Oconee County is hereby requested to recommend to the Oconee County Council, for approval by Oconee County Council, a sufficient millage levy, and the Treasurer of Oconee County is herein directed to collect sufficient millage on taxable property in the Keowee Fire Special Tax District to provide for the aforesated appropriations and direct expenditures of that Special Tax District for the fiscal year beginning July 1, 2022 and ending June 30, 2023.

**SECTION 4**

If any clause, phrase, sentence, paragraph, appropriation, or section of this Ordinance shall be held invalid for any reason, it shall not affect the validity of this Ordinance as a whole or the remaining clauses, phrases, sentences, paragraphs, appropriations, or sections hereof, which are hereby declared separable.

**SECTION 5**

All other orders, resolutions, and ordinances of Oconee County, inconsistent herewith, are, to the extent of such inconsistency only, hereby revoked, rescinded, and repealed.

**SECTION 6**

This Ordinance shall become effective upon approval on third reading and enforced from and after July 1, 2022.

Adopted in meeting duly assembled this \_\_\_\_ day of June, 2022.

OCONEE COUNTY, SOUTH CAROLINA

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John Elliott  
Chairman, Oconee County Council

ATTEST

---

Jennifer C. Adams  
Clerk to County Council

First Reading: May 3, 2022  
Public Hearings: May 17, 2022  
Second Reading: May 17, 2022  
Public Hearings: June 7, 2022  
Third Reading: June 7, 2022

**STATE OF SOUTH CAROLINA  
OCONEE COUNTY  
ORDINANCE 2022-14**

**AN ORDINANCE GRANTING CERTAIN EASEMENT AND/OR ENCROACHMENT RIGHTS TO CORE SVA SENECA EDINBURG, LLC, OR ITS AFFILIATE, AT OR NEAR PROPERTY COMMONLY REFERRED TO AS THE PIER.**

**WHEREAS**, Oconee County, a body politic and corporate and a political subdivision of the State of South Carolina (“County”), is the holder of certain easement rights related to a development commonly referred to as The Pier;

**WHEREAS**, County obtained these easement rights by way of that certain Easement and Maintenance Agreement and Related Covenants (“Original Easement”), entered into by County and Pointe West, Inc. / Pointe West Development, Inc. (“Original Developers”);

**WHEREAS**, Core SVA Seneca Edinburg, LLC (“Core SVA”), a successor in interest to the Original Developers, desires to enter into an Amendment and Modification to Stormwater Easement (“Easement Modification Agreement”), a copy of which is attached hereto as Exhibit A, for purposes of modifying the Original Easement in order to facilitate future development by Core SVA;

**WHEREAS**, the form, terms, and provisions of the Easement Modification Agreement now before the Oconee County Council (“Council”) are acceptable to Council for the purpose of conveying the easement and encroachment rights sought by Core SVA; and

**WHEREAS**, Section 4-9-30(2) of the Code of Laws of South Carolina authorizes the County to transfer or otherwise dispose of interests in real property.

**NOW, THEREFORE**, be it ordained by Council, in meeting duly assembled, that:

1. Council hereby approves the terms and conditions of the Easement Modification Agreement.
2. The Administrator of the County (“Administrator”) shall be, and hereby is, authorized to execute and deliver the Easement Modification Agreement on behalf of the County in substantially the same form as attached hereto as Exhibit A, or with such changes as are not materially adverse to the County and as the Administrator shall approve, upon the advice of the County Attorney, such Administrator's approval to be deemed given by her execution of the Easement Modification Agreement.
3. The Administrator shall be, and hereby is, authorized to execute and deliver any and all other documents or instruments on behalf of the County related to the subject easement and encroachment issues in a form and substance acceptable to the Administrator, on the advice of the County Attorney.
4. Should any portion of this ordinance be deemed unconstitutional or otherwise

unenforceable by any court of competent jurisdiction, such determination shall not affect the remaining terms and provisions of this ordinance, all of which are hereby deemed separable.

5. All ordinances, orders, resolutions, and enactments of the Council inconsistent herewith are, to the extent of such inconsistency only, hereby repealed, revoked, and rescinded.

6. This ordinance shall take effect and be in full force from and after third reading and enactment by the Oconee County Council.

**ORDAINED** in meeting, duly assembled, this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

**ATTEST:**

\_\_\_\_\_  
Jennifer C. Adams  
Clerk to Oconee County Council

\_\_\_\_\_  
John Elliott  
Chair, Oconee County Council

First Reading: \_\_\_\_\_  
Second Reading: \_\_\_\_\_  
Third Reading: \_\_\_\_\_  
Public Hearing: \_\_\_\_\_

EXHIBIT A

[Attached]

**STATE OF SOUTH CAROLINA  
COUNTY OF OCONEE  
ORDINANCE 2022-15**

AN ORDINANCE TO APPROPRIATE AND AUTHORIZE THE EXPENDITURE OF \$1,500,000 OF LOCAL CORONAVIRUS FISCAL RECOVERY FUNDING UNDER THE AMERICAN RESCUE PLAN ACT OF 2021 (“ARPA”) FOR PURPOSES OF IMPROVEMENTS TO THE SENECA CREEK BOAT RAMP FACILITIES; AND OTHER MATTERS RELATED THERETO.

**WHEREAS**, the 2019 Novel Coronavirus (“COVID-19”) is a respiratory disease that has caused severe illness and death by the SARS-CoV-2 virus, which is a new strain of coronavirus previously unidentified in humans and which can spread from person to person;

**WHEREAS**, COVID 19 has disrupted nearly every facet of American life, affecting families, schools, communities, and businesses in profound and unprecedented ways;

**WHEREAS**, the negative financial impact of COVID 19 on American society has been experienced in a variety of ways, including food and housing insecurity, business closures, job loss and long term unemployment, and a widespread want of opportunity;

**WHEREAS**, throughout the COVID-19 crisis local governments were at the forefront of the response, addressing untold numbers and types of emergencies and exigencies;

**WHEREAS**, local governments remain uniquely positioned to take a leadership role in the recovery effort;

**WHEREAS**, on March 11, 2021, the American Rescue Plan Act (“ARPA”) was signed into law by the President of the United States;

**WHEREAS**, among other things, ARPA established the Coronavirus Local Fiscal Recovery Fund (“Fiscal Recovery Fund”), which provides for direct aid to counties and municipalities to support their efforts in combating the impact of COVID-19 on their communities, residents, and businesses;

**WHEREAS**, the Fiscal Recovery Fund provides local governments, including Oconee County (“County”), with significant monetary resources, purposed to assist in responding to the COVID-19 public health emergency;

**WHEREAS**, financial assistance received by local governments through the Fiscal Recovery Fund may be used in several different ways, including but not limited to: (1) generally responding to the COVID-19 public health emergency or its negative economic impacts; (2) providing premium pay to eligible workers; (3) replacing lost public sector revenue; and (4) making necessary investments in water, sewer, or broadband infrastructure;

**WHEREAS**, the County has been allocated Fifteen Million, Four Hundred Fifty Thousand, Eight Hundred Seventy-Eight, and 00/100 (\$15,450,878.00) Dollars, to be received in two equal installments, one of which has been received (collectively “County ARPA Funds”);

**WHEREAS**, County ARPA Funds may be used toward the provision of general government services by virtue of a revenue loss calculation or a standard allowance;

**WHEREAS**, additionally, County ARPA Funds may be invested in parks, public plazas, and other public outdoor recreation spaces in order to promote healthier living environments and outdoor recreation and socialization to mitigate the spread of COVID-19;

**WHEREAS**, the County desires to expend One Million, Five Hundred Thousand, and 00/100 (\$1,500,000.00) Dollars of County ARPA Funds toward improvements at the Seneca Creek Boat Ramp Facilities (“Seneca Creek Facility Improvements”).

**NOW THEREFORE**, be it ordained by the Oconee County Council in meeting duly assembled that:

Section 1. Appropriation. One Million, Five Hundred Thousand, and 00/100 (\$1,500,000.00) Dollars of County ARPA Funds are hereby appropriated and set aside for Seneca Creek Facility Improvements.

Section 2. Expenditures. The expenditure of funds appropriated out of County ARPA Funds for Seneca Creek Facility Improvements is approved in an amount up to One Million, Five Hundred Thousand, and 00/100 (\$1,500,000.00), subject to the following conditions:

- a) This appropriation and expenditure authorization only applies to available County ARPA Funds that have been received by the County from the United States Department of Treasury and which have not been otherwise appropriated.
- b) All federal requirements, specifically including applicable regulations promulgated by the United States Department of Treasury, shall be strictly adhered to in the administration of these funds.
- c) County may discontinue the expenditure of funding appropriated for Seneca Creek Facility Improvements at any time based on: (1) emergency or exigent circumstances; (2) lack of available funds; (3) Seneca Creek Facility Improvements being deemed an impermissible use of County ARPA Funds, in whole or part, under ARPA, Department of Treasury regulations, or other binding legal authority; or (4) for convenience.

Section 3. Severability. Should any term, provision, or content of this Ordinance be deemed unconstitutional or otherwise unenforceable by any court of competent jurisdiction, such determination shall not affect the remainder of this Ordinance.

Section 4. General Repeal. All ordinances, orders, resolutions, and actions of the Oconee County Council inconsistent herewith are, to the extent of such inconsistency only, hereby repealed, revoked, and superseded.



Section 5. Effective Date. This Ordinance shall become effective and be in full force from and after public hearing and third reading in accordance with the Code of Ordinances of Oconee County, South Carolina.

ORDAINED in meeting, duly assembled, this \_\_\_\_ of \_\_\_\_\_, 2022.

**ATTEST:**

\_\_\_\_\_  
Jennifer C. Adams  
Clerk to Oconee County Council

\_\_\_\_\_  
John Elliott  
Chair, Oconee County Council

First Reading:        June 7, 2022  
Second Reading:     \_\_\_\_\_  
Third Reading:        \_\_\_\_\_  
Public Hearing:        \_\_\_\_\_



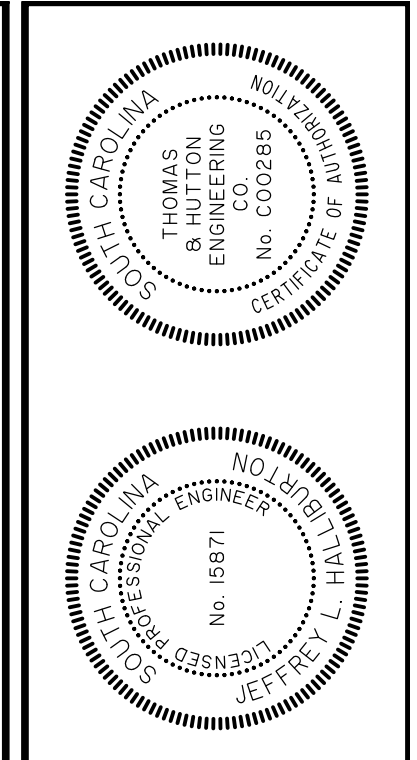
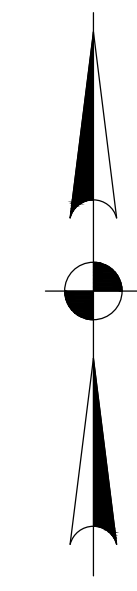
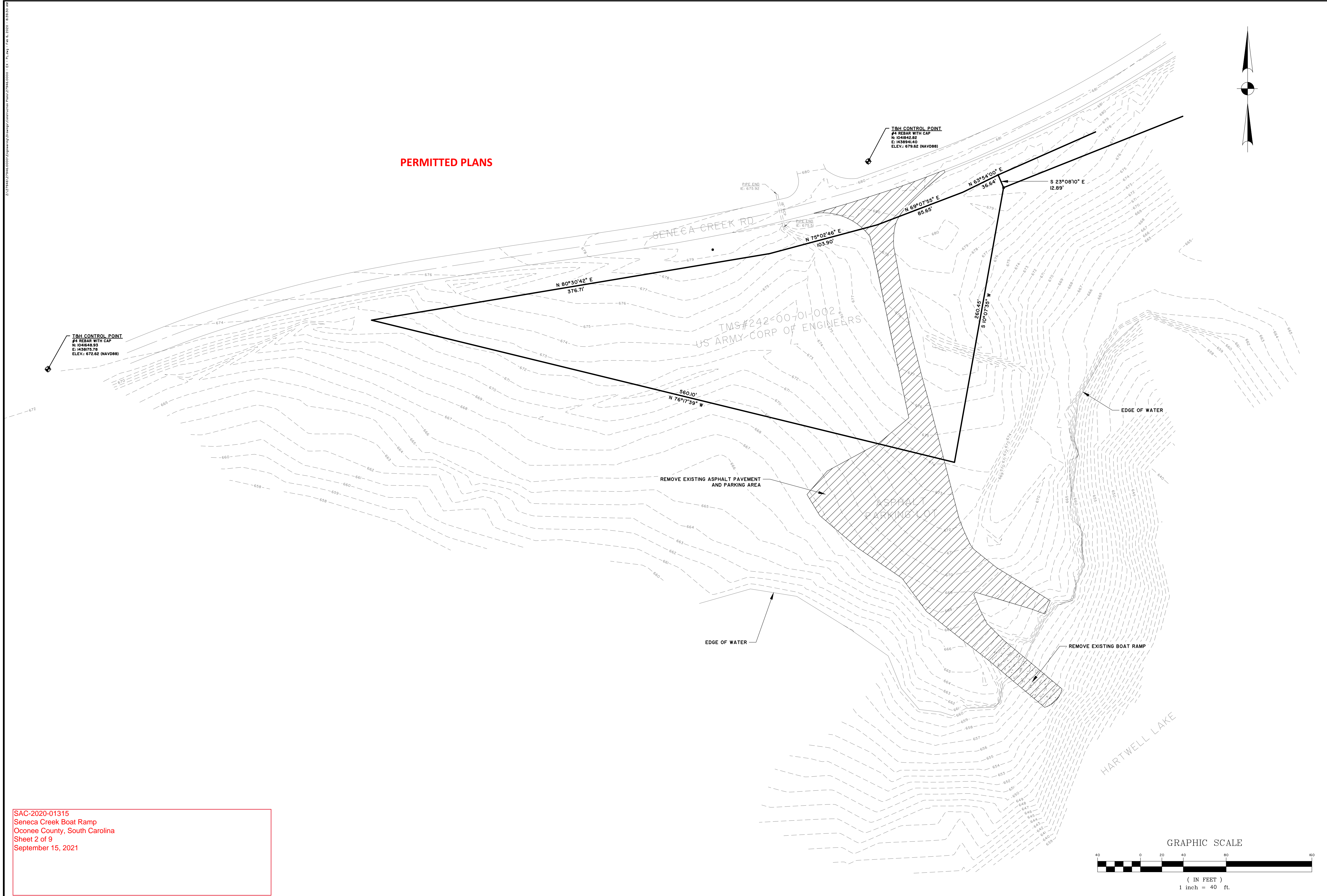
# Seneca Creek Boat Ramp

Vicinity Map  
10/08/2020



**PERMITTED PLANS**

SAC-2020-01315  
Seneca Creek Boat Ramp  
Oconee County, South Carolina  
Sheet 1 of 9    September 15, 2021



NO.	REVISIONS	BY	DATE

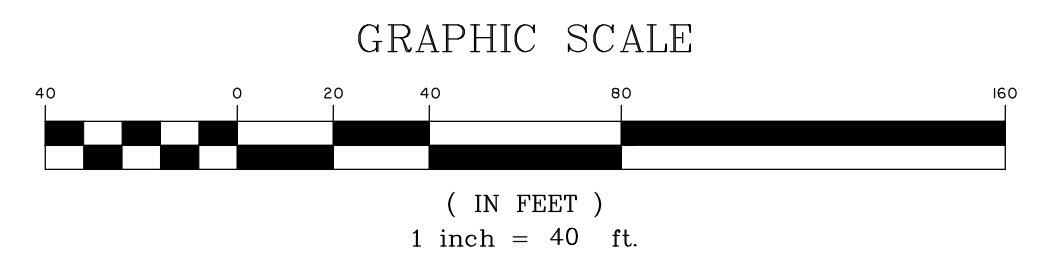
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 www.thomasandhutton.com

**OCONEE COUNTY PARKS & REC**  
 SENECA, SOUTH CAROLINA

SENECA CREEK ROAD BOAT RAMP

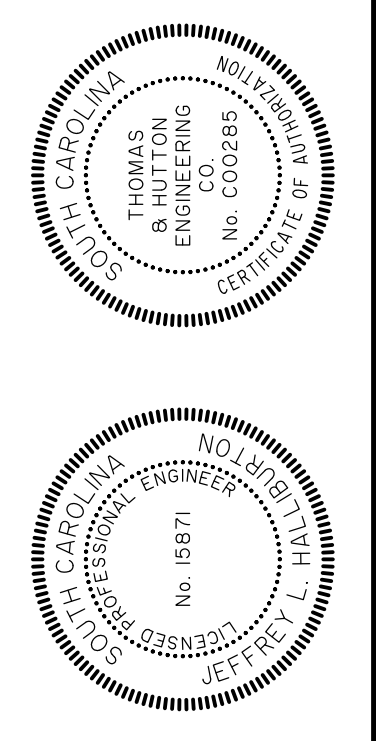
EXISTING CONDITIONS

SAC-2020-01315  
 Seneca Creek Boat Ramp  
 Oconee County, South Carolina  
 Sheet 2 of 9  
 September 15, 2021



JOB NO:	J-27946.0000
DATE:	07/20/2020
DRAWN:	JLS
DESIGNED:	JLH
REVIEWED:	KEB
APPROVED:	JLH
SCALE:	1" = 40'

**EX.1**



NO.	REVISIONS	BY	DATE

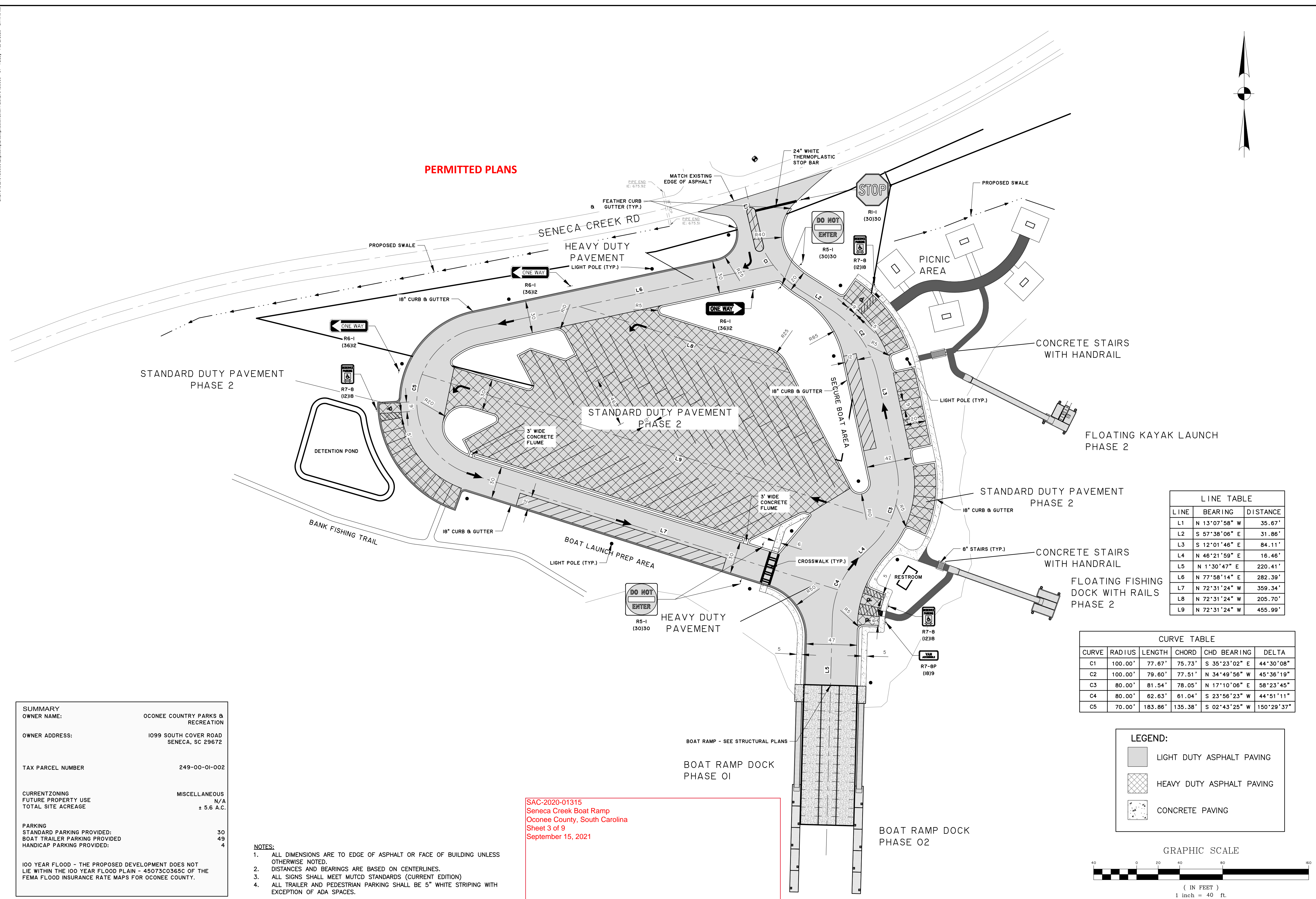
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 Greenville, SC 29601 • 864.412.2222  
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**OCONEE COUNTY PARKS & REC**  
 SENECA, SOUTH CAROLINA  
**SENECA CREEK ROAD BOAT RAMP**  
**SITE PLAN**

JOB NO: J-27946.0000  
 DATE: 07/20/2020  
 DRAWN: JLS  
 DESIGNED: JLH  
 REVIEWED: KES  
 APPROVED: JLH  
 SCALE: 1" = 40'

**C1.1**

**PERMITTED PLANS**



**LINE TABLE**

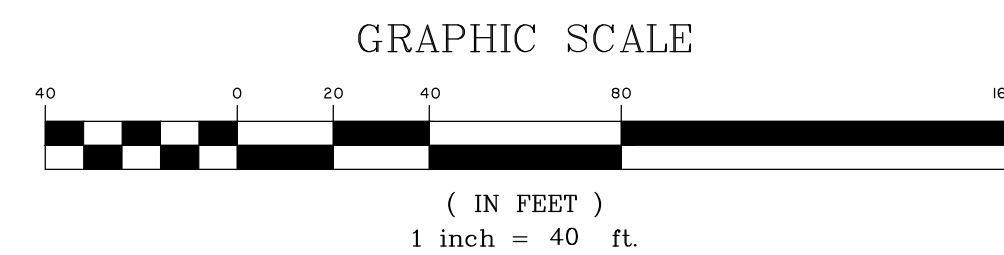
LINE	BEARING	DISTANCE
L1	N 13°07'58" W	35.67'
L2	S 57°38'06" E	31.86'
L3	S 12°01'46" E	84.11'
L4	N 46°21'59" E	16.46'
L5	N 1°30'47" E	220.41'
L6	N 77°58'14" E	282.39'
L7	N 72°31'24" W	359.34'
L8	N 72°31'24" W	205.70'
L9	N 72°31'24" W	455.99'

**CURVE TABLE**

CURVE	RADIUS	LENGTH	CHORD	CHD BEARING	DELTA
C1	100.00'	77.67'	75.73'	S 35°23'02" E	44°30'08"
C2	100.00'	79.60'	77.51'	N 34°49'56" W	45°36'19"
C3	80.00'	81.54'	78.05'	N 17°10'06" E	58°23'45"
C4	80.00'	62.63'	61.04'	S 23°56'23" W	44°51'11"
C5	70.00'	183.86'	135.38'	S 02°43'25" W	150°29'37"

**LEGEND:**

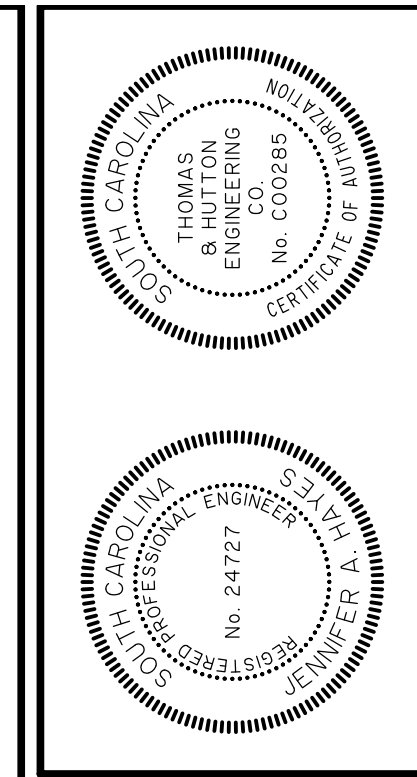
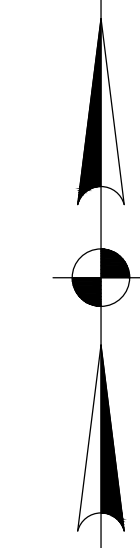
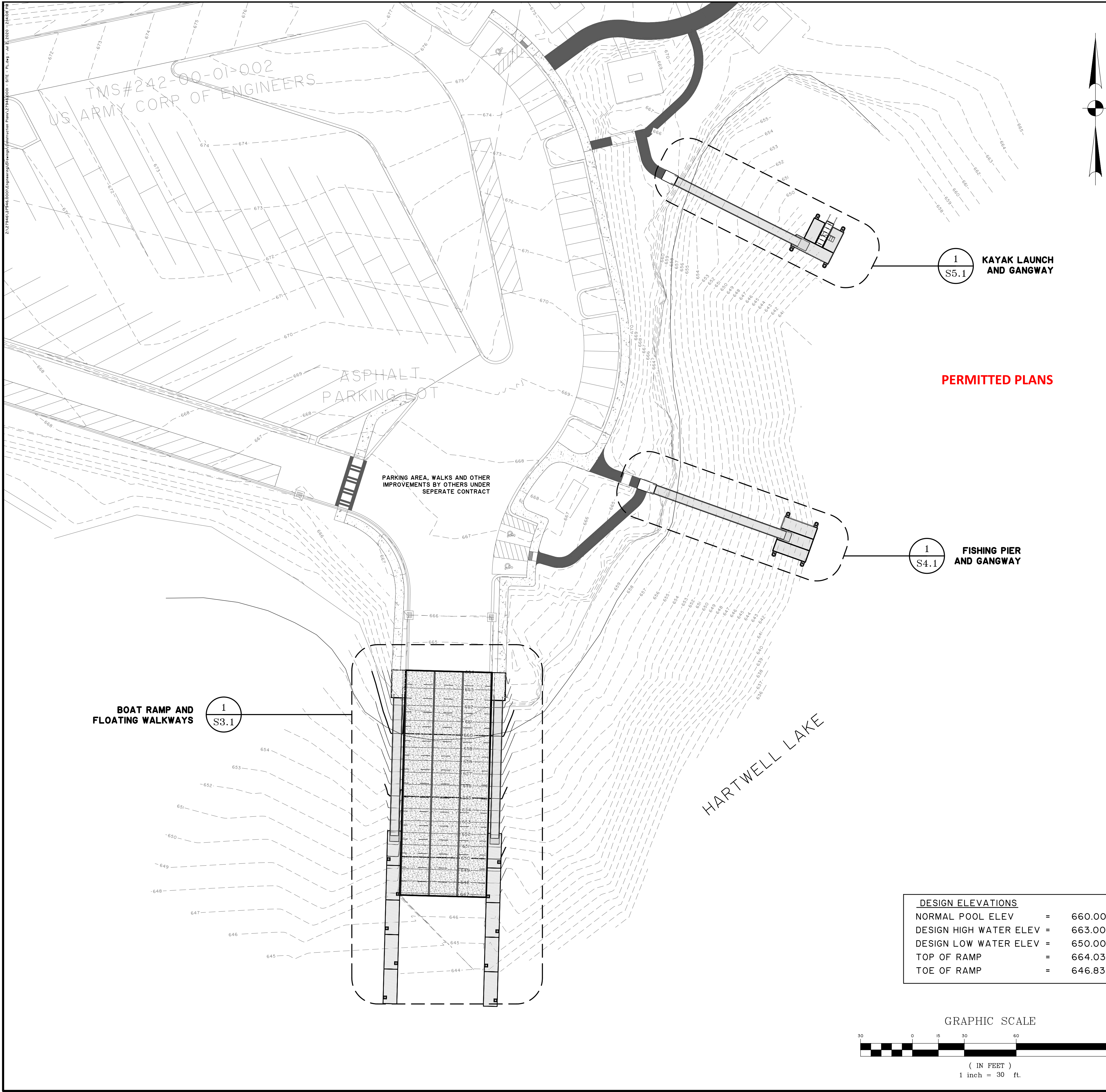
- [Light Gray Box] LIGHT DUTY ASPHALT PAVING
- [Cross-hatched Box] HEAVY DUTY ASPHALT PAVING
- [Dotted Box] CONCRETE PAVING



**SUMMARY**  
 OWNER NAME: OCONEE COUNTRY PARKS & RECREATION  
 OWNER ADDRESS: 1099 SOUTH COVER ROAD, SENECA, SC 29672  
 TAX PARCEL NUMBER: 249-00-01-002  
 CURRENT ZONING: MISCELLANEOUS  
 FUTURE PROPERTY USE: N/A  
 TOTAL SITE ACREAGE: ± 5.6 A.C.  
 PARKING: STANDARD PARKING PROVIDED: 30, BOAT TRAILER PARKING PROVIDED: 49, HANDICAP PARKING PROVIDED: 4  
 100 YEAR FLOOD - THE PROPOSED DEVELOPMENT DOES NOT LIE WITHIN THE 100 YEAR FLOOD PLAIN - 45073C0365C OF THE FEMA FLOOD INSURANCE RATE MAPS FOR OCONEE COUNTY.

- NOTES:**
- ALL DIMENSIONS ARE TO EDGE OF ASPHALT OR FACE OF BUILDING UNLESS OTHERWISE NOTED.
  - DISTANCES AND BEARINGS ARE BASED ON CENTERLINES.
  - ALL SIGNS SHALL MEET MUTCD STANDARDS (CURRENT EDITION)
  - ALL TRAILER AND PEDESTRIAN PARKING SHALL BE 5" WHITE STRIPING WITH EXCEPTION OF ADA SPACES.

SAC-2020-01315  
 Seneca Creek Boat Ramp  
 Oconee County, South Carolina  
 Sheet 3 of 9  
 September 15, 2021



NO.	REVISIONS	BY	DATE

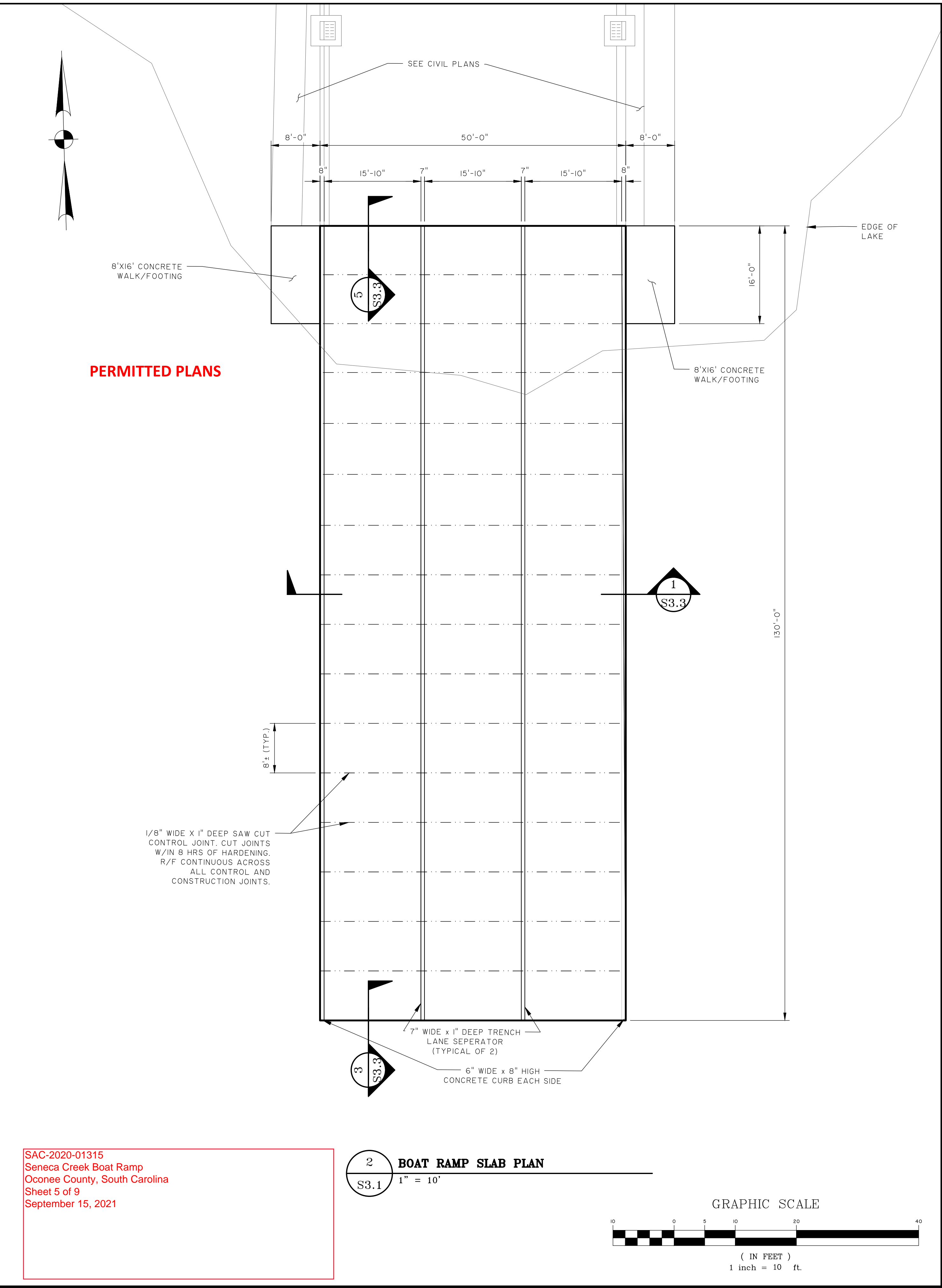
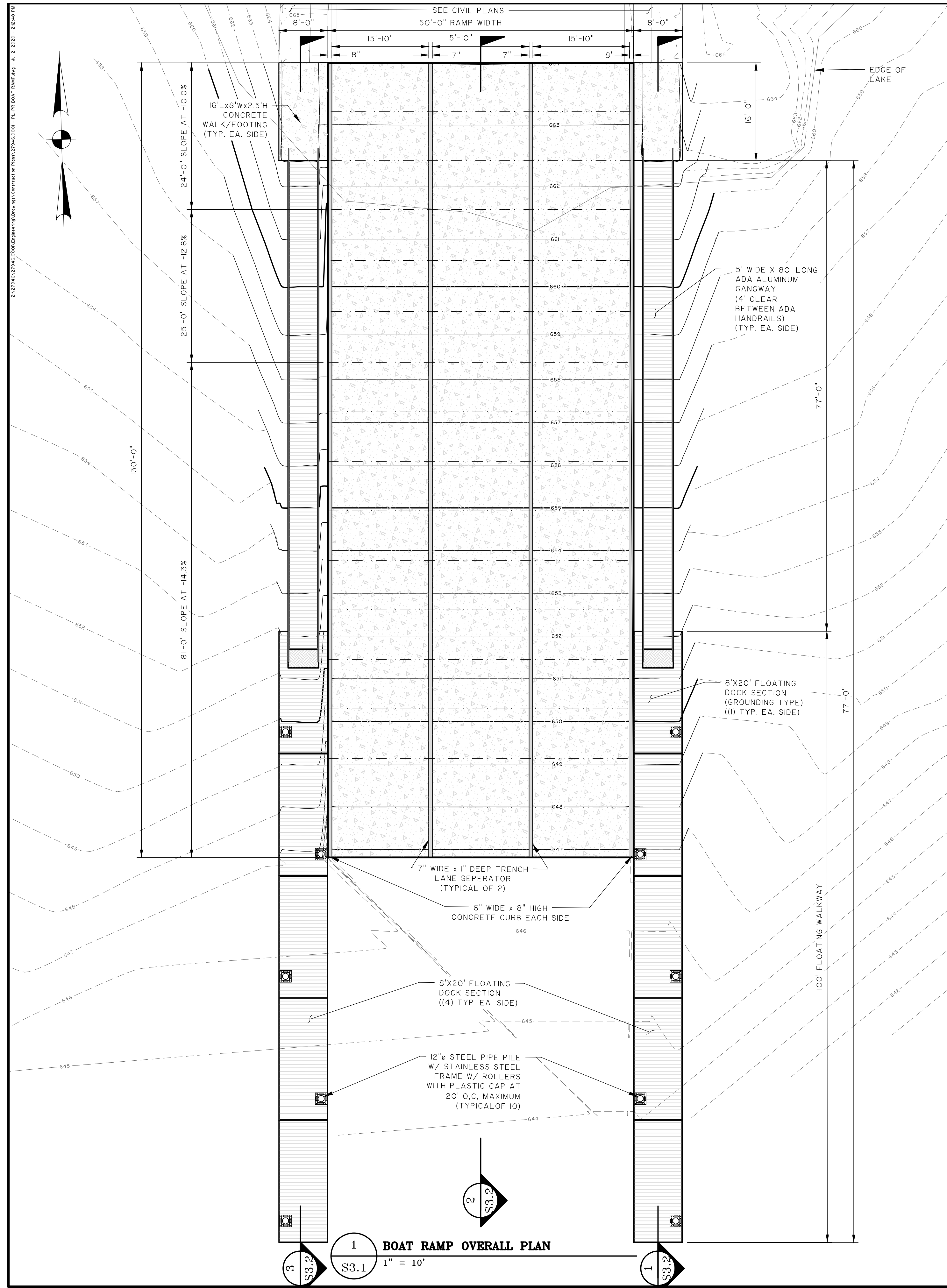
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**OCONEE COUNTY PARKS & REC**  
SENECA, SOUTH CAROLINA  
SENECA CREEK ROAD BOAT RAMP  
**SITE PLAN**

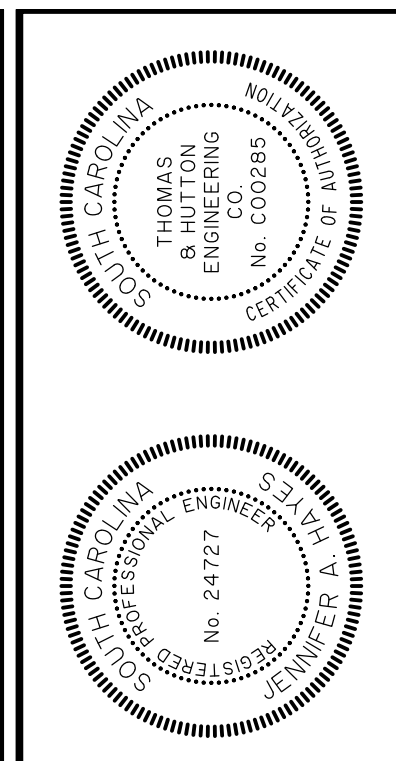
JOB NO:	J-27946.0000
DATE:	07/20/2020
DRAWN:	RAS
DESIGNED:	JAH
REVIEWED:	KES
APPROVED:	JLH
SCALE:	1" = 30'

**S2.1**

SAC-2020-01315  
Seneca Creek Boat Ramp  
Oconee County, South Carolina  
Sheet 4 of 9  
September 15, 2021



SAC-2020-01315  
Seneca Creek Boat Ramp  
Oconee County, South Carolina  
Sheet 5 of 9  
September 15, 2021



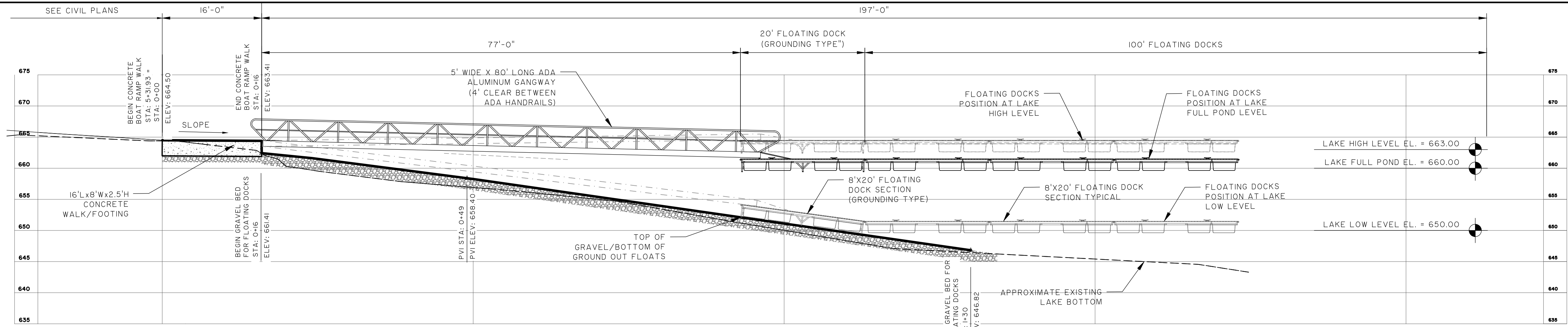
NO.	REVISIONS	BY	DATE

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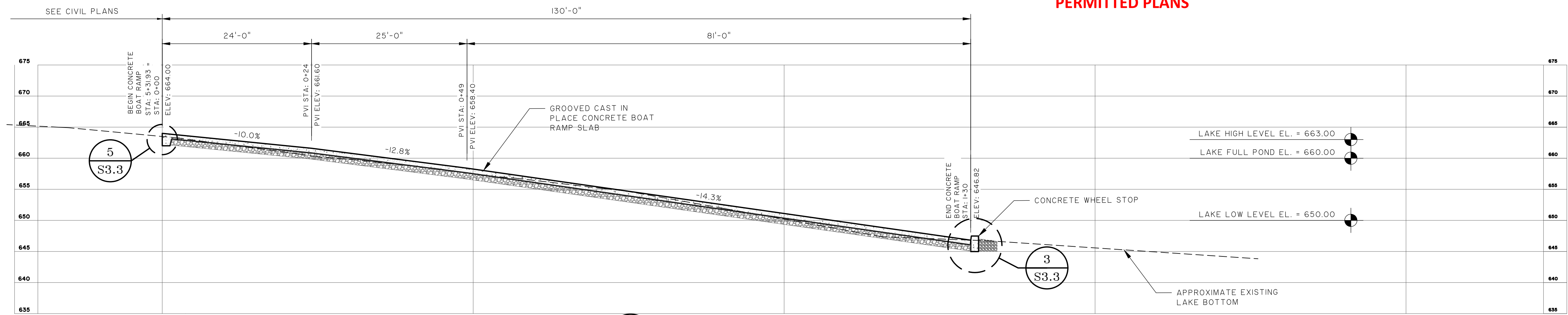
**OCONEE COUNTY PARKS & REC**  
SENECA, SOUTH CAROLINA  
SENECA CREEK ROAD BOAT RAMP  
BOAT RAMP - PLANS

JOB NO:	J-27946.0000
DATE:	07/20/2020
DRAWN:	RAS
DESIGNED:	JAH
REVIEWED:	KES
APPROVED:	JLH
SCALE:	AS NOTED

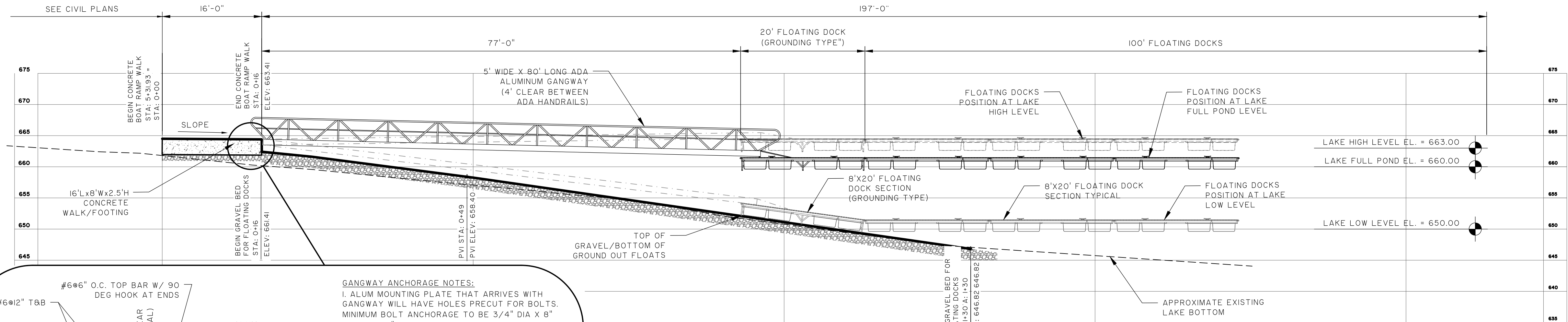
**S3.1**



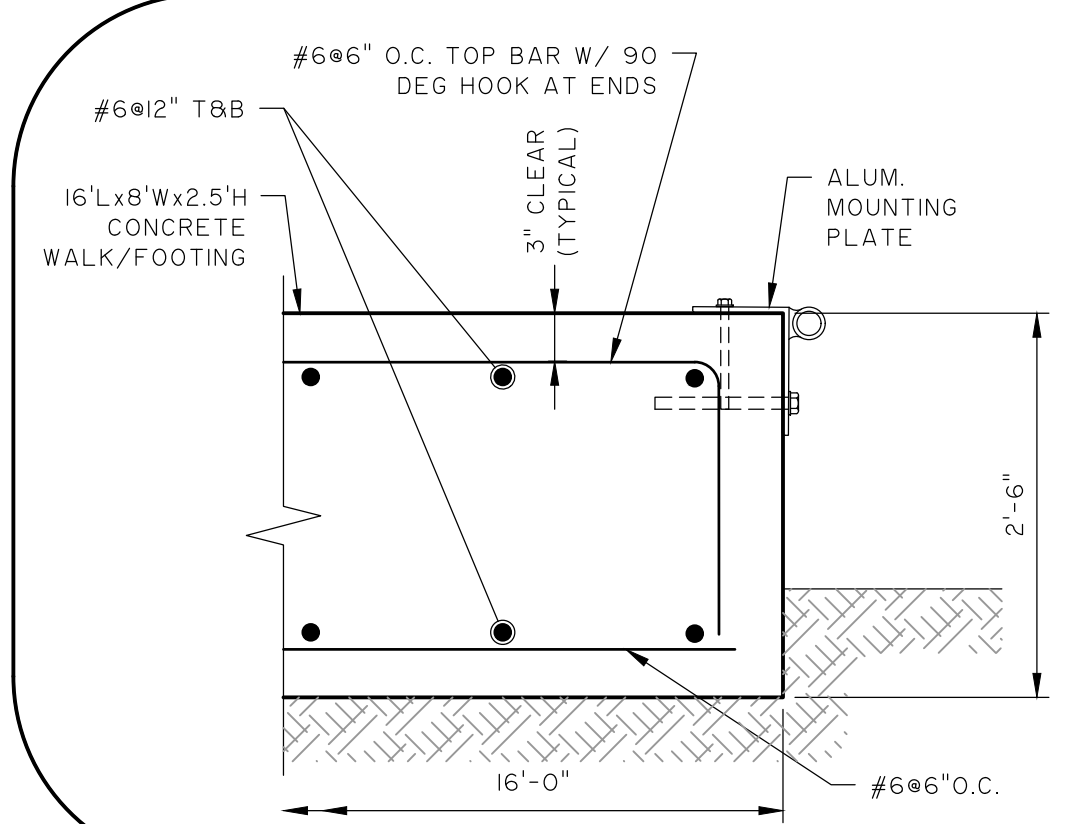
**1 FLOATING DOCK SECTION - LEFT SIDE**  
S3.2 1" = 10'



**1 BOAT RAMP SECTION**  
S3.2 1" = 10'

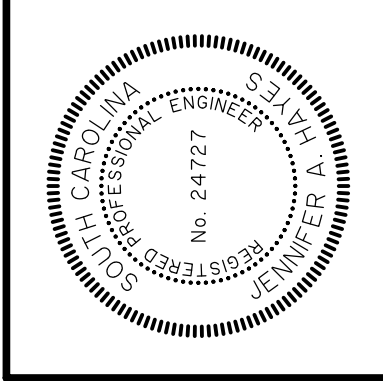
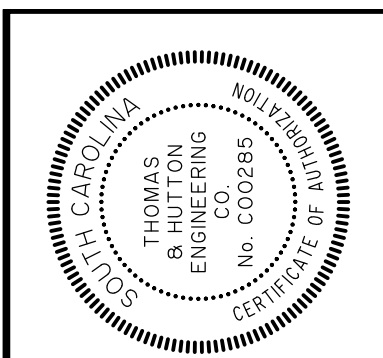
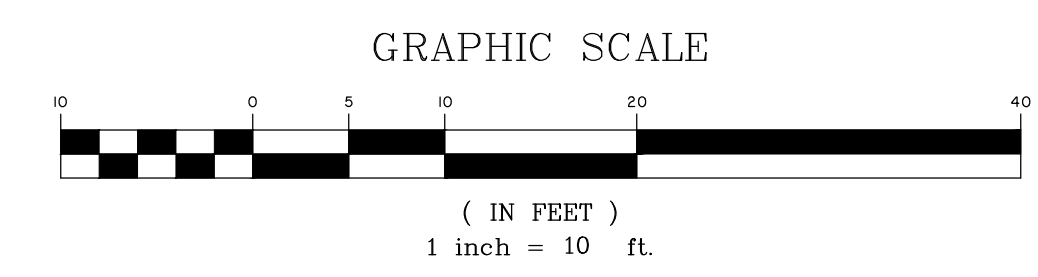


**3 FLOATING DOCK SECTION - RIGHT SIDE**  
S3.2 1" = 10'



- GANGWAY ANCHORAGE NOTES:**
1. ALUM MOUNTING PLATE THAT ARRIVES WITH GANGWAY WILL HAVE HOLES PRECUT FOR BOLTS. MINIMUM BOLT ANCHORAGE TO BE 3/4" DIA X 8" EMBED @ 12" O.C. ON HINGE FACE. MINIMUM BOLT ANCHORAGE FOR TOP PLATE TO BE 1/2" DIA. X 6" EMBED @ 12" O.C.
  2. IF SPACING OF HOLES IS GREATER THAN THOSE REQUIRED IN NOTE 1, ENGINEER TO BE NOTIFIED FOR REVIEW.
  3. IF ANCHORS ARE POST INSTALLED, USE HILTI HY200 EPOXY ADHESIVE SYSTEM.
  4. BOLTS TO BE GALVANIZED OR SS. WASHERS NEEDED BETWEEN BOLTS AND PLATE.
  5. TOP BOLT MAY NEED TO BE A CARRIAGE BOLT FOR CLEARANCE UNDER TREAD PLATE.
  6. DESIGN TO BE CONFIRMED FOLLOWING RECEIPT OF GANGWAY SHOP DRAWINGS AND LOADS FOR SELECTED GANGWAY.

SAC-2020-01315  
Seneca Creek Boat Ramp  
Oconee County, South Carolina  
Sheet 6 of 9  
September 15, 2021



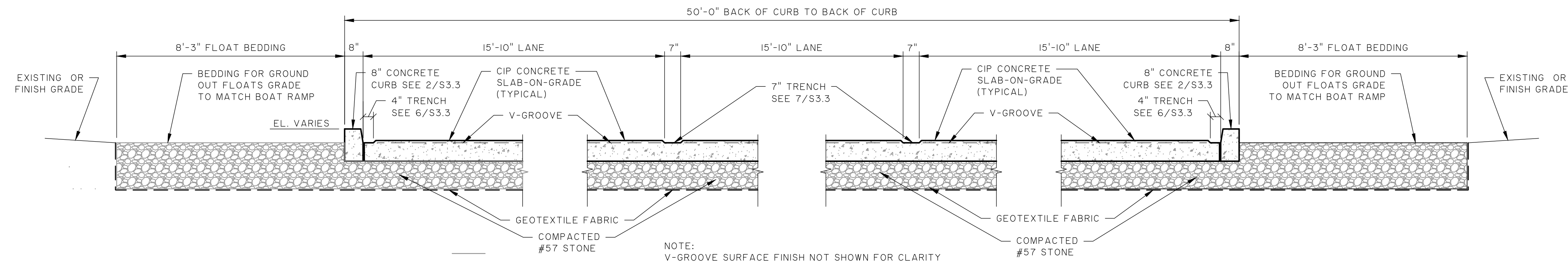
NO.	REVISIONS	BY	DATE

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Greenville, SC 29601 • 864.412.2222  
www.thomasandhutton.com

**OCONEE COUNTY PARKS & REC**  
SENECA, SOUTH CAROLINA  
SENECA CREEK ROAD BOAT RAMP  
**BOAT RAMP - SECTIONS**

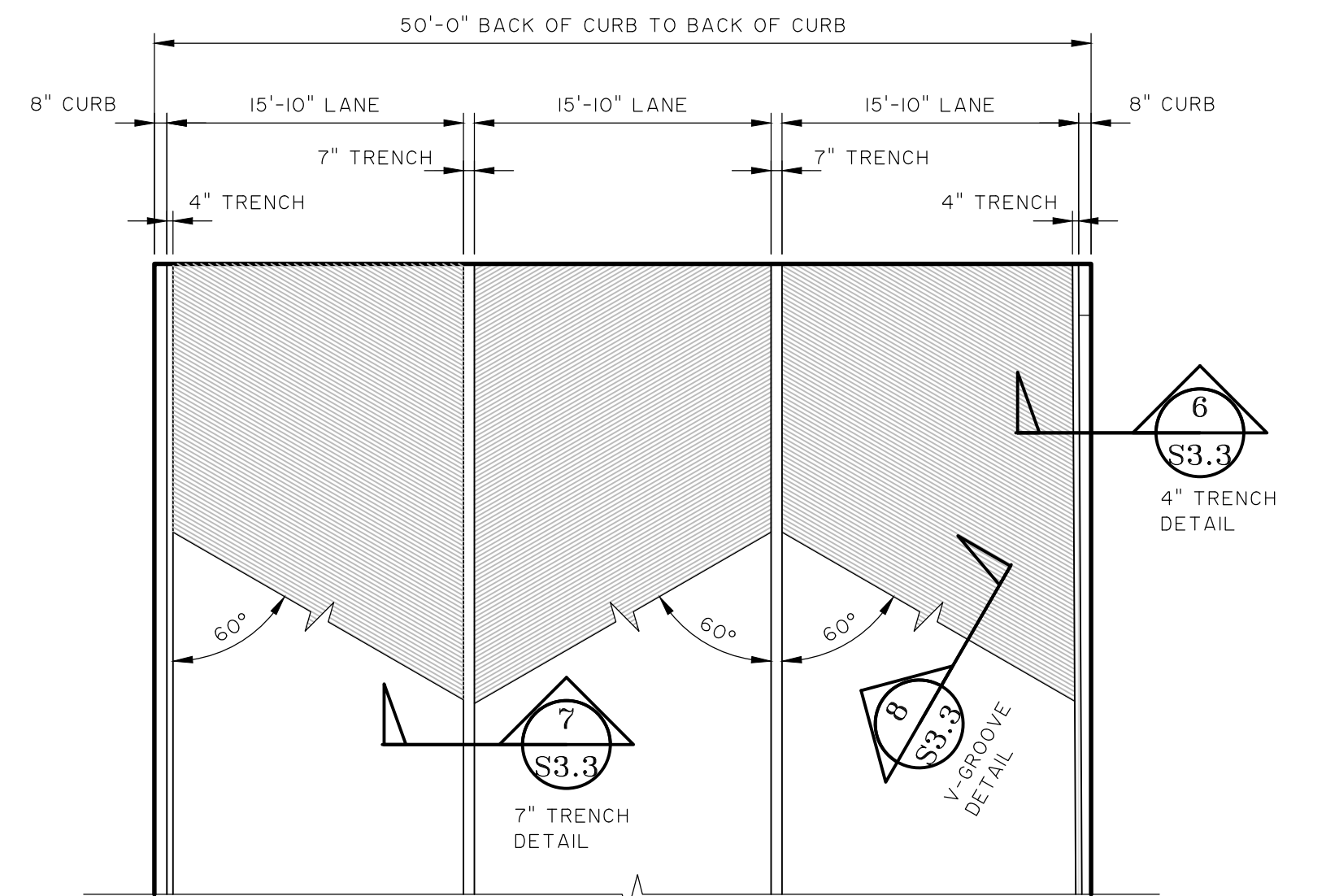
JOB NO:	J-27946.0000
DATE:	07/20/2020
DRAWN:	JLS
DESIGNED:	JLH
REVIEWED:	KES
APPROVED:	JLH
SCALE:	AS NOTED

**S3.2**

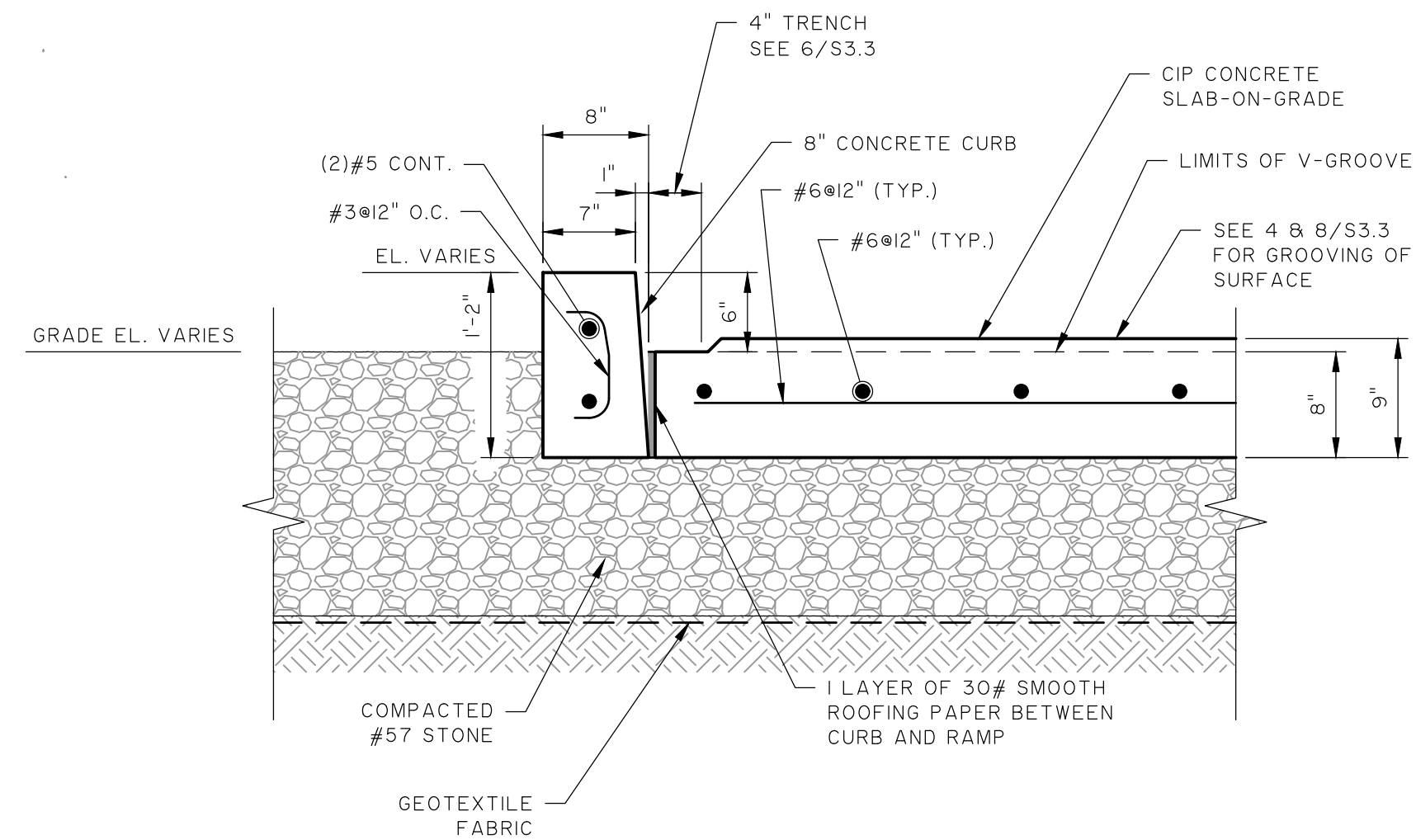


**1 BOAT RAMP SECTION**  
 S3.3 3/8" = 1'-0"

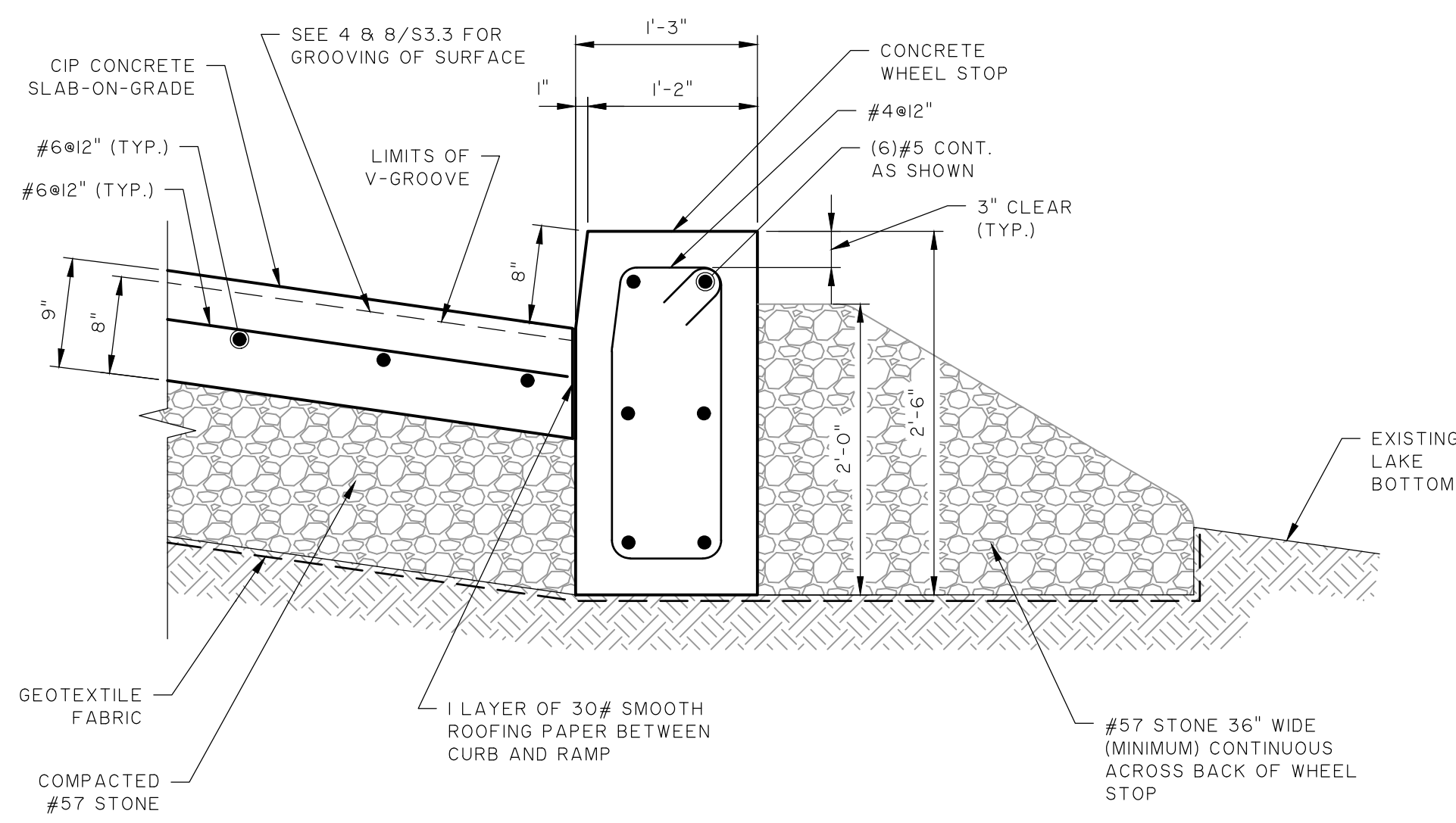
**PERMITTED PLANS**



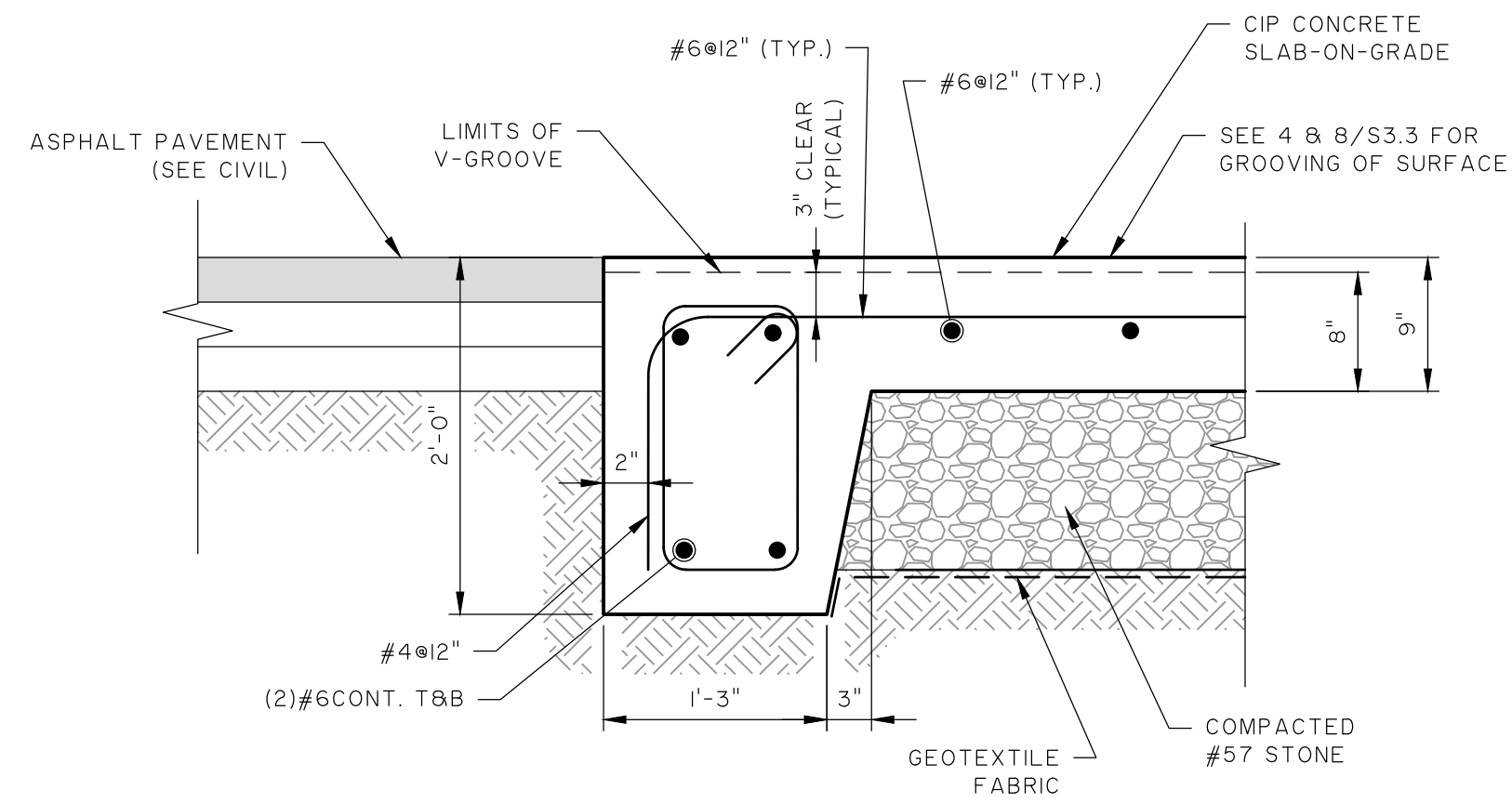
**4 PLAN - V-GROOVE**  
 S3.3 1" = 10'



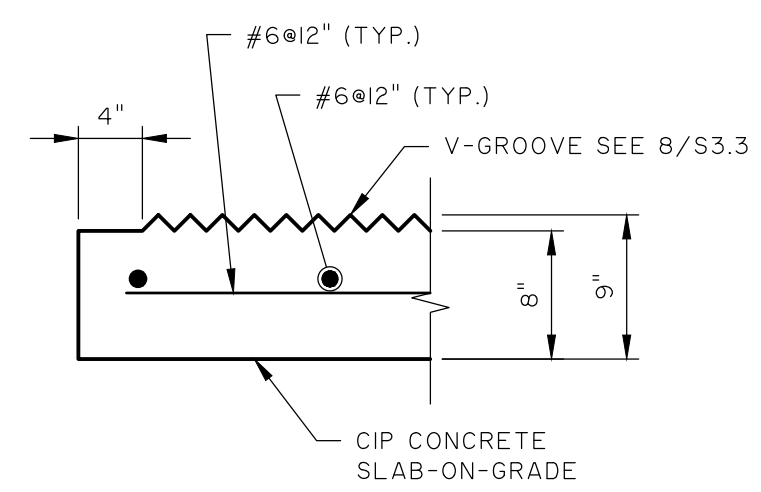
**2 BOAT RAMP CURB SECTION**  
 S3.3 1" = 1'-0"



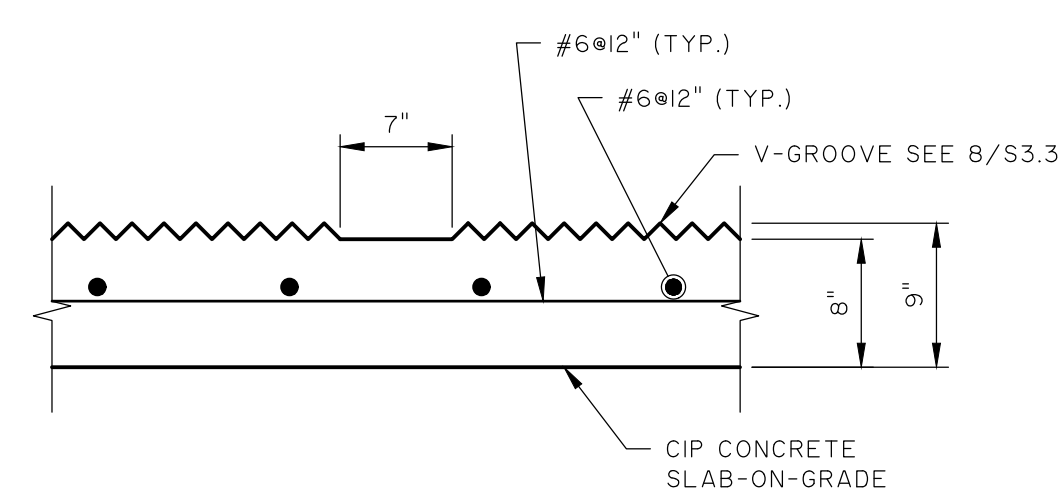
**3 BOAT RAMP WHEEL STOP SECTION**  
 S3.3 1" = 1'-0"



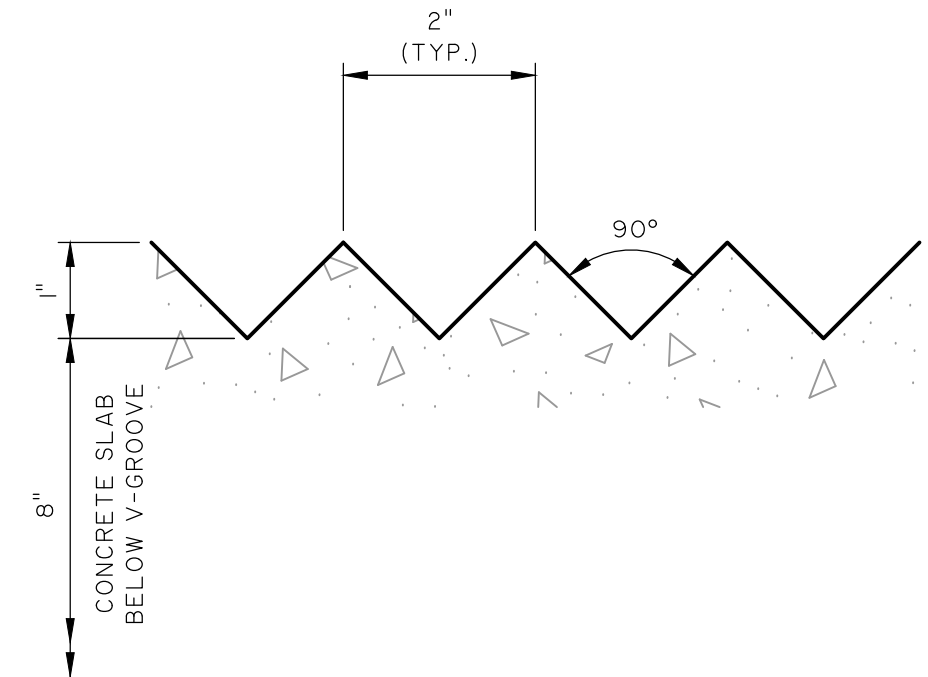
**5 TOP OF BOAT RAMP SECTION**  
 S3.3 3/8" = 1'-0"



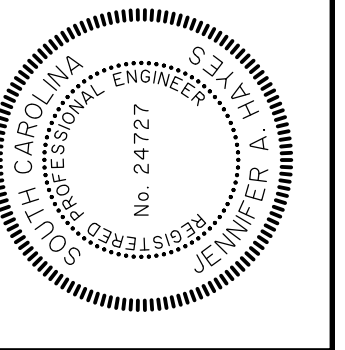
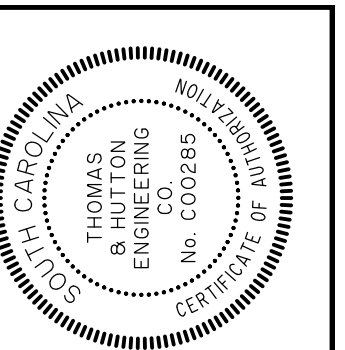
**6 4" TRENCH DETAIL**  
 S3.3 1" = 1'-0"



**7 7" TRENCH DETAIL**  
 S3.3 1" = 1'-0"



**8 V-GROOVE DETAIL**  
 S3.3 6" = 1'-0"



NO.	REVISIONS	BY	DATE

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**OCONEE COUNTY PARKS & REC**  
 SENECA, SOUTH CAROLINA  
**SENECA CREEK ROAD BOAT RAMP**  
 BOAT RAMP - DETAILS

JOB NO:	J-27946.0000
DATE:	07/20/2020
DRAWN:	RAS
DESIGNED:	JAH
REVIEWED:	KES
APPROVED:	JLH
SCALE:	AS NOTED

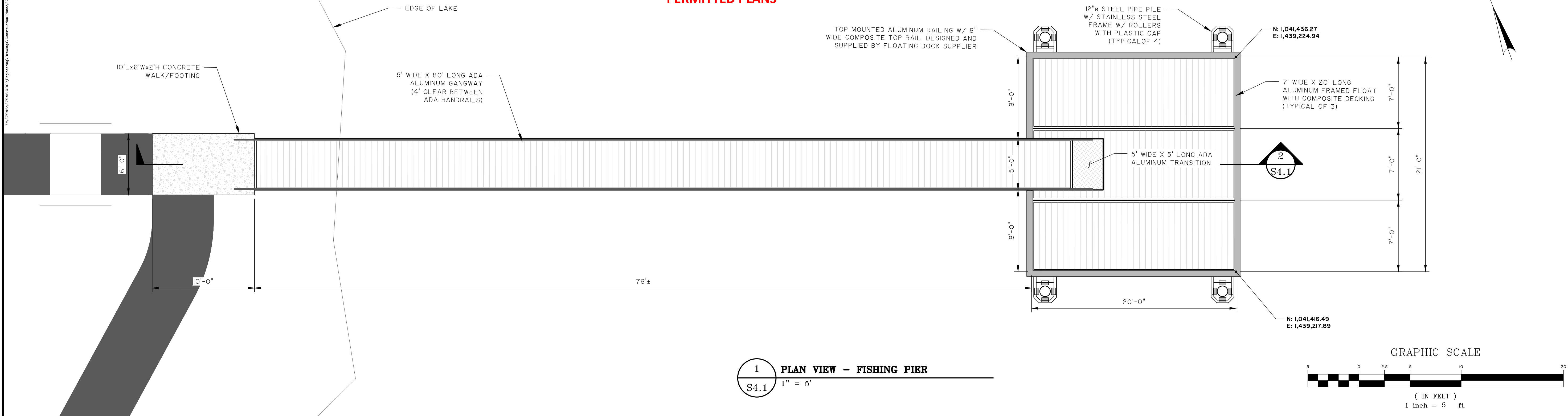
**S3.3**

SAC-2020-01315  
 Seneca Creek Boat Ramp  
 Oconee County, South Carolina  
 Sheet 7 of 9  
 September 15, 2021

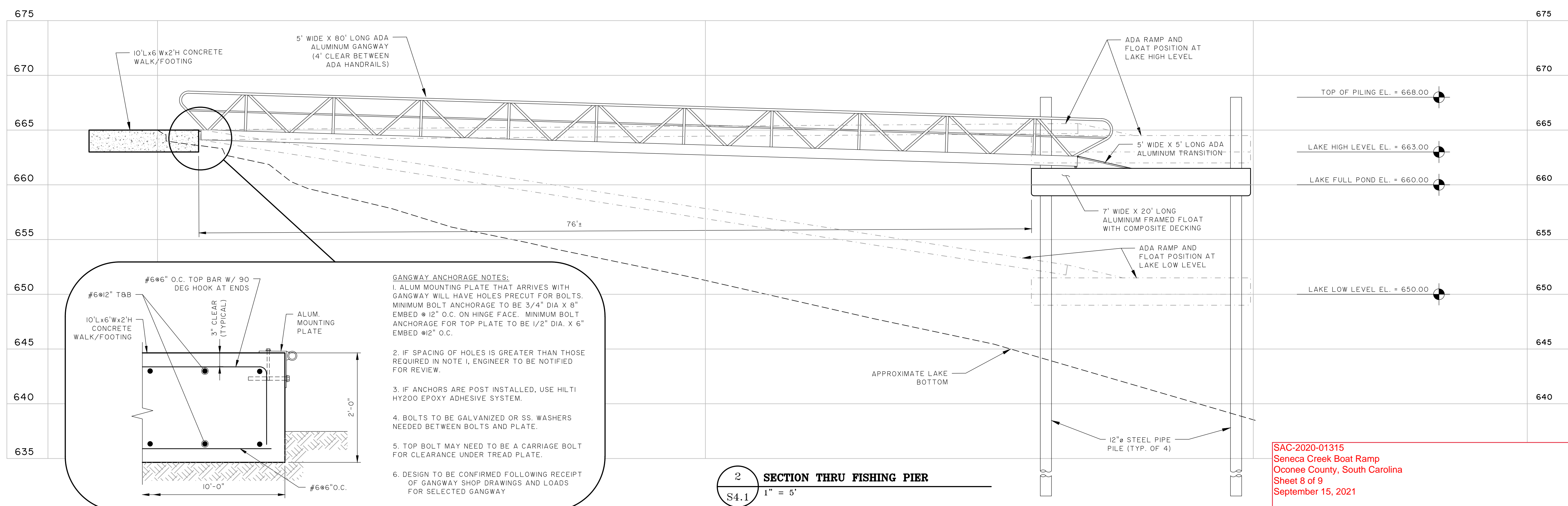


21/27/2021 12:48:00 PM C:\Users\jshannon\OneDrive\Documents\Seneca\Seneca\Drawings\Permitted Plans\27946.dwg - Apr 16, 2020 - 13:05:44 PM

**PERMITTED PLANS**

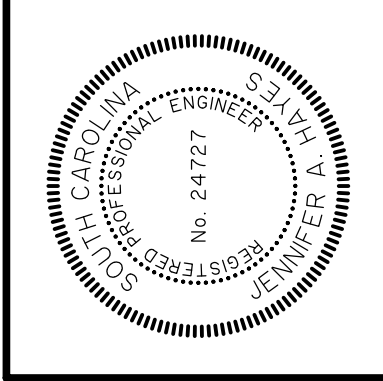
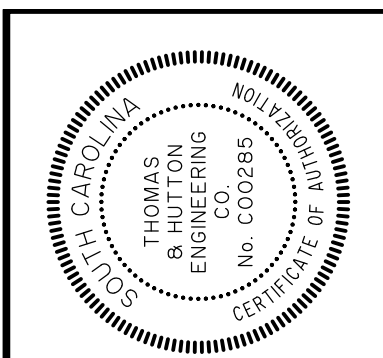


1 PLAN VIEW - FISHING PIER  
S4.1 1" = 5'



2 SECTION THRU FISHING PIER  
S4.1 1" = 5'

SAC-2020-01315  
Seneca Creek Boat Ramp  
Oconee County, South Carolina  
Sheet 8 of 9  
September 15, 2021



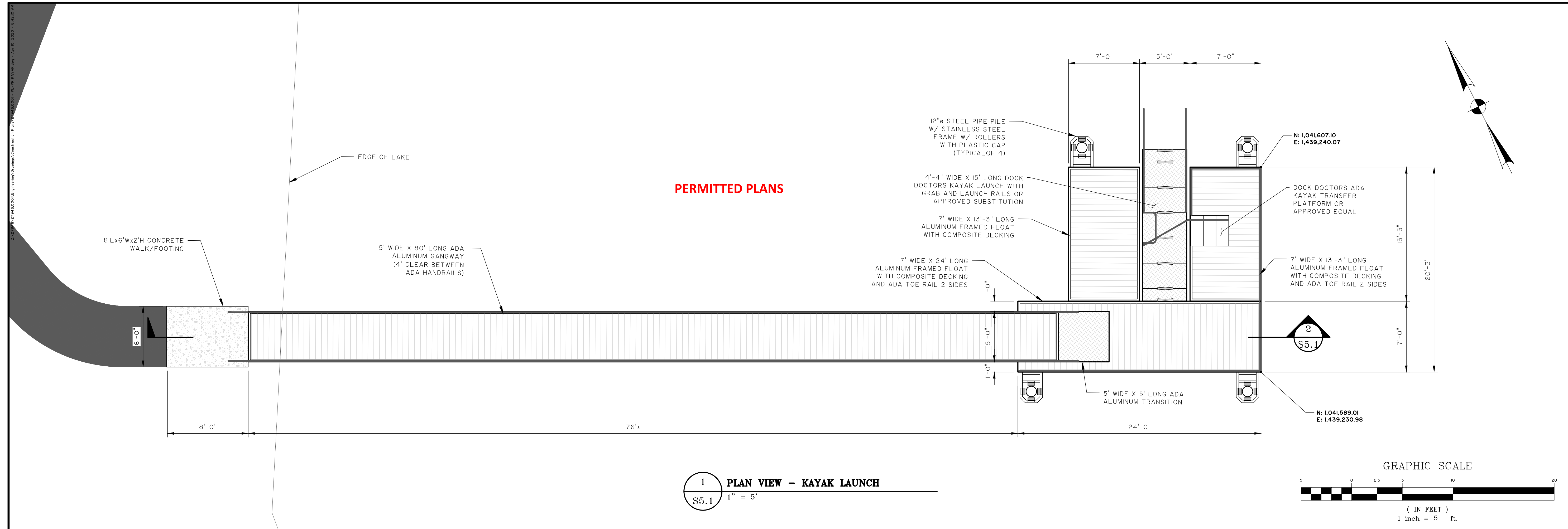
NO.	REVISIONS	BY	DATE

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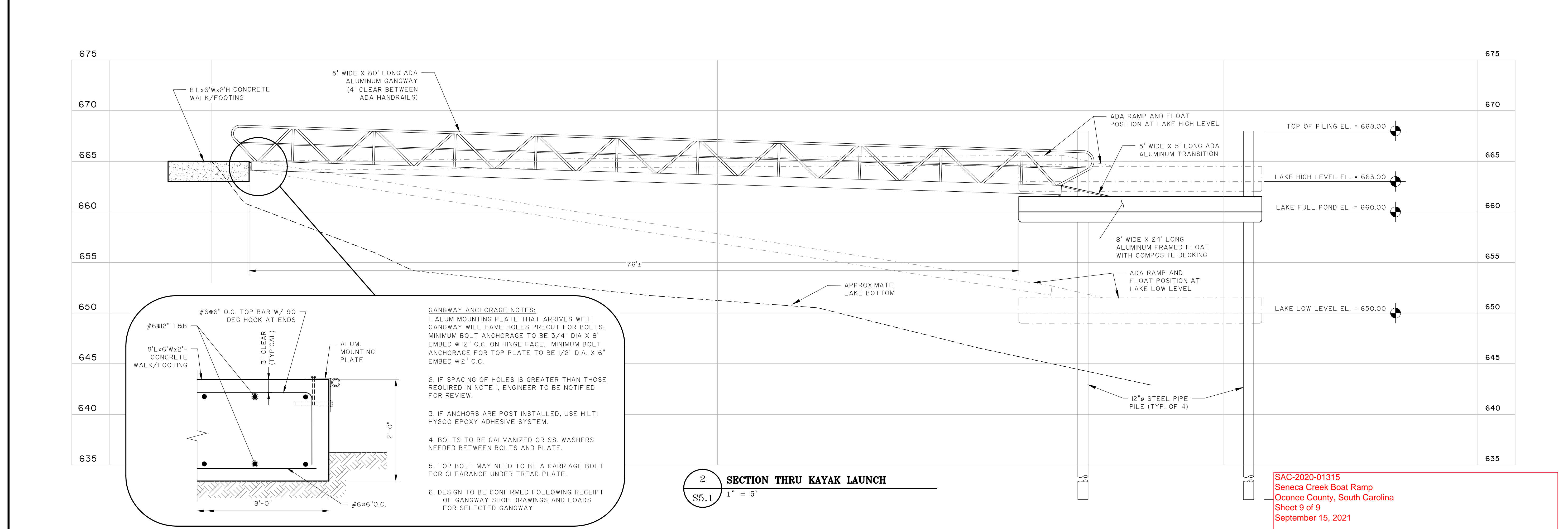
**OCONEE COUNTY PARKS & REC**  
SENECA, SOUTH CAROLINA  
SENECA CREEK ROAD BOAT RAMP  
FISHING PIER - PLAN AND PROFILE

JOB NO:	J-27946.0000
DATE:	07/20/2020
DRAWN:	RAS
DESIGNED:	JAH
REVIEWED:	KES
APPROVED:	JLH
SCALE:	AS NOTED

**S4.1**



1 PLAN VIEW - KAYAK LAUNCH  
S5.1 1" = 5'



SAC-2020-01315  
Seneca Creek Boat Ramp  
Oconee County, South Carolina  
Sheet 9 of 9  
September 15, 2021

THOMAS & HUTTON ENGINEERING PROFESSIONAL ENGINEER No. 24727

THOMAS & HUTTON ENGINEERING PROFESSIONAL ENGINEER No. 00298

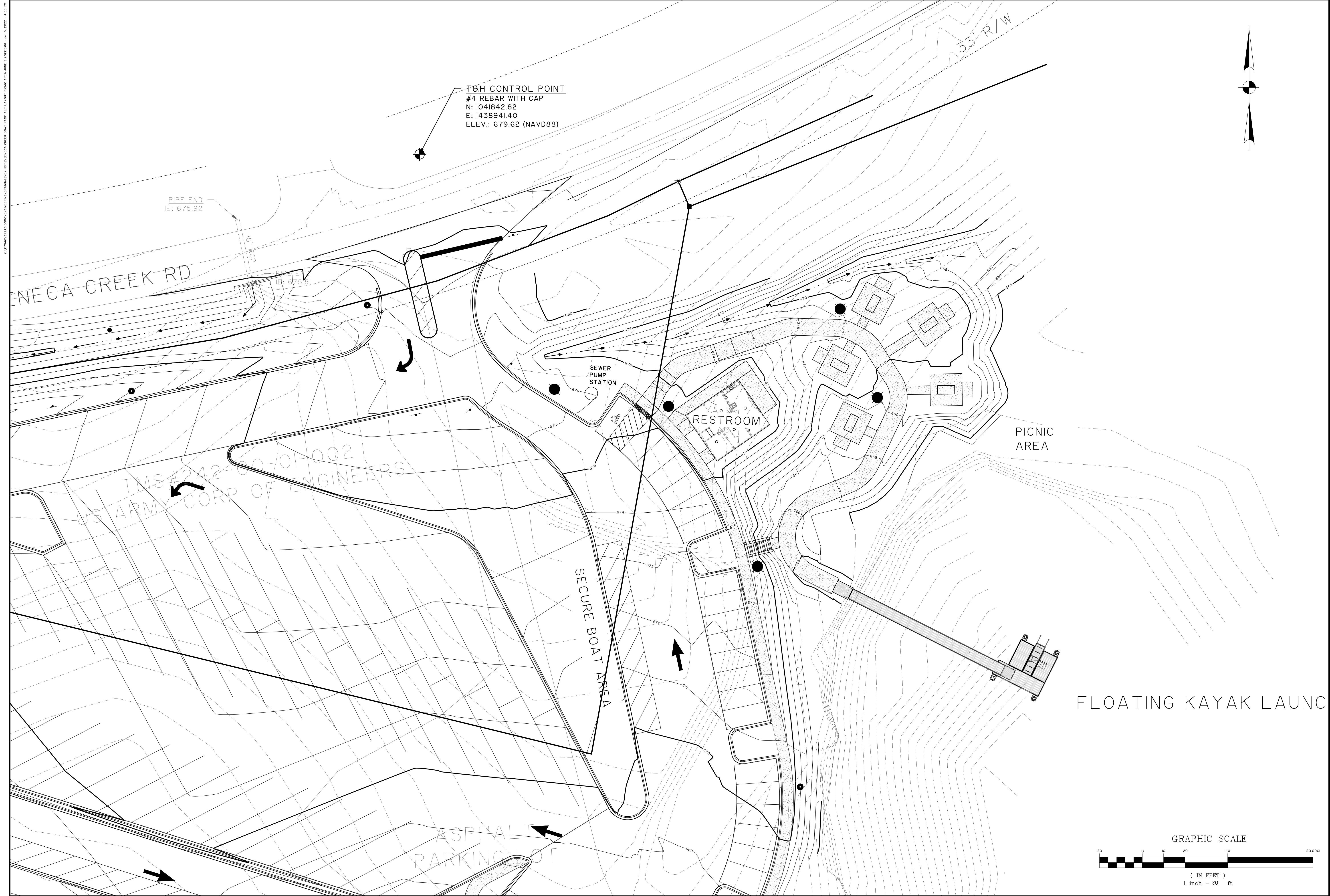
NO.	REVISIONS	BY	DATE

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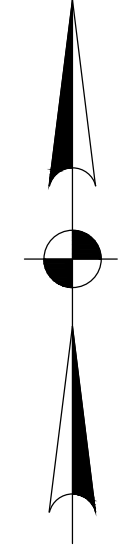
**OCONEE COUNTY PARKS & REC**  
 SENECA, SOUTH CAROLINA  
 SENECA CREEK ROAD BOAT RAMP  
 KAYAK LAUNCH - PLAN AND PROFILE

JOB NO:	J-27946.0000
DATE:	07/20/2020
DRAWN:	JLS
DESIGNED:	JLH
REVIEWED:	KES
APPROVED:	JLH
SCALE:	AS NOTED

**S5.1**



T&H CONTROL POINT  
 #4 REBAR WITH CAP  
 N: 1041842.82  
 E: 1438941.40  
 ELEV.: 679.62 (NAVD88)



NO.	REVISIONS	BY	DATE

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 www.thomasandhutton.com


JOB NO: J-###  
 DATE: ###  
 DRAWN: ###  
 DESIGNED: ###  
 REVIEWED: ###  
 APPROVED: ###  
 SCALE: 1" = 20'

**PUBLISHER'S AFFIDAVIT**

STATE OF SOUTH CAROLINA  
COUNTY OF OCONEE

OCONEE COUNTY COUNCIL

IN RE: Public Hearing Notice

**BEFORE ME** the undersigned, a Notary Public for the State and County above named, This day personally came before me, Hal Welch, who being first duly sworn according to law, says that he is the General Manager of **THE JOURNAL**, a newspaper published Tuesday through Saturday in Seneca, SC and distributed in **Oconee County, Pickens County** and the Pendleton area of **Anderson County** and the notice (of which the annexed is a true copy) was inserted in said papers on 05/20/2022 and the rate charged therefore is not in excess of the regular rates charged private individuals for similar insertions.



Hal Welch  
General Manager



Jessica Wells  
Notary Public  
State of South Carolina  
My Commission Expires November 13, 2030

Subscribed and sworn to before me this  
05/20/2022



Jessica Lee Wells  
NOTARY PUBLIC  
State of South Carolina  
My Commission Expires  
November 13, 2030

Brock & Scott, PLLC  
 3800 Fernandina Road, Suite 110  
 Columbia, SC 29210  
 Attorneys for Plaintiff  
 Phone (803) 454-3540  
 Fax (803) 454-3541

**PUBLIC HEARING NOTICE**

There will be a public hearing held at 6 p.m., Tuesday, June 7, 2022 in Oconee County Council Chambers 415 S. Pine Street, Walhalla for the following Ordinances:

**ORDINANCE 2022-01** AN ORDINANCE TO ESTABLISH THE BUDGET FOR OCONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR ORDINARY COUNTY PURPOSES, FOR THE TRI-COUNTY TECHNICAL COLLEGE SPECIAL REVENUE FUND, FOR THE EMERGENCY SERVICES PROTECTION SPECIAL REVENUE FUND, FOR THE ROAD MAINTENANCE SPECIAL REVENUE FUND, FOR THE BRIDGE AND CULVERT CAPITAL PROJECT FUND, FOR THE ECONOMIC DEVELOPMENT CAPITAL PROJECT FUND, FOR THE PARKS, RECREATION, AND TOURISM CAPITAL PROJECTS FUND, FOR THE DEBT SERVICE FUND, FOR THE VICTIM SERVICES SPECIAL REVENUE FUNDS, FOR THE CAPITAL VEHICLE / EQUIPMENT FUND, ALL IN OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2022 AND ENDING JUNE 30, 2023.

**ORDINANCE 2022-02** AN ORDINANCE TO ESTABLISH THE BUDGET FOR THE SCHOOL DISTRICT OF OCONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR THE OPERATIONS OF THE SCHOOL DISTRICT OF OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2022 AND ENDING JUNE 30, 2023.

**ORDINANCE 2022-03** AN ORDINANCE TO PROVIDE FOR THE LEVY OF TAXES FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT AND TO ESTABLISH THE BUDGET FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT FOR THE FISCAL YEAR BEGINNING JULY 1, 2022 AND ENDING JUNE 30, 2023.

from the date of sale to the date of compliance with the bid at the rate of 5.6250%. THIS SALE IS SUBJECT TO ASSESSMENTS, COUNTY TAXES, EXISTING EASEMENTS, EASEMENTS AND RESTRICTIONS OF RECORD, AND OTHER SENIOR ENCUMBRANCES. No personal or deficiency judgment being demanded, the bidding will not remain open after the date of sale, but compliance with the bid may be made immediately. NOTICE: The foreclosure deed is not a warranty deed. Interested bidders should satisfy themselves as to the quality of title to be conveyed by obtaining an independent title search well before the foreclosure sale date. ATTENDEES MUST ABIDE BY SOCIAL DISTANCING GUIDELINES AND MAY BE REQUIRED TO WEAR A MASK OR OTHER FACIAL COVERING. Any person who violates said protocols is subject to dismissal at the discretion of the selling officer or other court officials. Beverly H. Whitfield Clerk of Court Oconee County Riley Pope & Laney, LLC Post Office Box 11412 Columbia, SC 29211 (803) 799-9993 Attorneys for Plaintiff 4562

This vehicle has been abandoned at Buddy's Auto Inc. 1040 N Mechanic St Pendleton, SC 29670. Owner must show proof of ownership (via title and show proper ID) and pay all repairs and storage fees. For info call 864-646-3513 VIN 1LNHM82W0YY831207

**FIND IT IN THE CLASSIFIEDS!**

Clip & Go  
**YARD SALES**

**CHURCH WIDE YARD SALE**

Pleasant Ridge Baptist Church

Call 973-6676 to include your business in the Service Directory.

**HOME IMPROVEMENT**

*A Touch of Fire.*  
 Gas Logs & Fireplace Services



**Fireplace Construction**  
**Gas Lines & Logs Installation**  
**Wood Stoves & Gas Appliances Installed**

\*\*\*\*\*  
**VETERAN'S DISCOUNT**  
 \*\*\*\*\*

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*Insured & Certified*

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**864-888-732**  
 Elwood8323@AOL.c

**Got Some Sprinkler Repair Projects?**

**PUBLISHER'S AFFIDAVIT**

STATE OF SOUTH CAROLINA  
COUNTY OF OCONEE

OCONEE COUNTY COUNCIL

IN RE: Oconee County 2022 Meetings

**BEFORE ME** the undersigned, a Notary Public for the State and County above named, This day personally came before me, Hal Welch, who being first duly sworn according to law, says that he is the General Manager of **THE JOURNAL**, a newspaper published Tuesday through Saturday in Seneca, SC and distributed in **Oconee County, Pickens County** and the Pendleton area of **Anderson County** and the notice (of which the annexed is a true copy) was inserted in said papers on 01/08/2022 and the rate charged therefore is not in excess of the regular rates charged private individuals for similar insertions.



---

Hal Welch  
General Manager

Subscribed and sworn to before me this  
01/08/2022



---

Jessica Wells  
Notary Public  
State of South Carolina  
My Commission Expires November 13, 2030



Jessica Lee Wells  
NOTARY PUBLIC  
State of South Carolina  
My Commission Expires  
November 13, 2030

### ROOM FOR RENT

to Clemson Univ. student. 14 miles (20) minutes from campus, this semester. WIFI, fridge, microwave, washer, dryer, den, Dish TV, downstairs. I'm retired, I live upstairs, my greatroom and BR, and kitchen are there. I only come downstairs to wash cloths. Fully furnished. Very nice safe neighborhood. No lease required. Prefer female or grad student. \$600 bucks. 864-710-1704.

### REAL ESTATE SALES

#### HOUSES

#### PUBLISHERS NOTICE

ALL real estate advertising in this newspaper is subject to Federal Fair Housing Act of 1968 which makes it illegal to advertise "any preference, limitations or discrimination" based on race, color, religion, sex, handicap, familial status or national origin, or intention to make any such preference, limitation or discrimination." This newspaper will not knowingly accept any advertising for real estate which is in violation of the law. Our readers are hereby informed that all dwellings advertised in this newspaper are available on an equal opportunity basis.

### ANNOUNCEMENTS

#### ANNOUNCEMENTS

#### BATHROOM RENOVATIONS

Easy, One Day Updates!  
We specialize in fast bathing. Grab bars, no slip flooring & seated showers. Call for a free in-home consultation: 844-524-2197

**DENTAL INSURANCE** from Physicians Mutual Insurance Company. Coverage for 350 plus procedures. Real dental insurance- NOT just a discount plan. Do not wait! Call now! Get your FREE Dental Information Kit with all the details! 1-855-397-7030 [www.dental50plus.com/60#6258](http://www.dental50plus.com/60#6258)

#### DONATE YOUR CAR TO KIDS.

Your donation helps fund the search for missing children. Accepting Trucks, Motorcycles & RV's, too! Fast Free Pickup - Running or Not - 24 Hour Response - No Title Tax Donation - **Call (888) 515-3810**

**Classifieds Work**

complex in the Seneca area. If you are looking for a great place to live, Springbrook is the place! We would love to show you around. Credit and background check required. Units designed for persons with disabilities subject to availability. Rental assistance available. Come visit us at **115 Dalton Rd. or call (864) 882-5932 or TDD# (800) 735-2905** for more info. Equal Housing Opportunity. Managed by Partnership Property Management, an equal opportunity provider and employer. **Apply TODAY!**

### WESTMINSTER EAST APTS:

**NOW AVAILABLE!!** Large 1BR & 2BR energy-efficient apartment homes, cable-ready, water included in rent. Credit and background check required. Section 8 welcome. Units designed for persons with disabilities and/or rental assistance subject to availability. Located at **100 Sunshine Circle in Westminster.** Call **(864) 647-8093** or **TDD#: (800)735-2905** for more info. Equal Housing Opportunity. Managed by Partnership Property Management, an equal opportunity provider and employer. **Apply TODAY!**

### SALES & SERVICES

#### AUCTIONS

**ADVERTISE YOUR AUCTION...** in 99 S.C. newspapers for only \$375. Your 25-word classified will reach more than 2.1 million readers.

Call **Randall Savelly** at the S.C. Newspaper Network. 1-800-421-1074

### REAL ESTATE SALES

#### BUSINESS PROPERTY

**PUBLISHERS NOTICE** ALL real estate advertising in this newspaper is subject to Federal Fair Housing Act of 1968 which makes it illegal to advertise "any preference, limitations or discrimination" based on race, color, religion, sex, handicap, familial status or national origin, or intention to make any such preference, limitation or discrimination." This newspaper will not knowingly accept any advertising for real estate which is in violation of the law. Our readers are hereby informed that all dwellings advertised in this newspaper are available on an equal opportunity basis.

preference, limitations or discrimination." This newspaper will not knowingly accept any advertising for real estate which is in violation of the law. Our readers are hereby informed that all dwellings advertised in this newspaper are available on an equal opportunity basis.

16. October 17, 2022
17. November 7, 2022
18. November 21, 2022
19. December 5, 2022
20. December 19, 2022
21. January 16, 2023

The Oconee County Council will meet in 2022 at 6 p.m. on the first and third Tuesday of each month with the following exceptions:  
July & August meetings, which will be only on the third Tuesday of each of these months;  
December meeting, which will be only the first Tuesday of the month.

All Council meetings, unless otherwise noted, are held in Council Chambers, Oconee County Administrative Offices, 415 South Pine Street, Walhalla, South Carolina.

Oconee County Council will also hold a Planning Retreat beginning at 9:00 a.m. on Friday, February 18, 2022 in Council Chambers to establish short and long term goals.

Oconee County Council will also meet on Tuesday, January 3, 2023 in Council Chambers at which point they will establish their 2023 Council and Committee meeting schedules.

Oconee County Council will also hold a Budget workshop on Friday, March 18, 2022 in Council Chambers.

Additional Council meetings, workshops, and/or committee meetings may be added throughout the year as needed.

Oconee County Council Committees will meet in 2022 prior to County Council meetings on the following dates/times in Council Chambers located at 415 South Pine Street, Walhalla, South Carolina unless otherwise advertised.

The Law Enforcement, Public Safety, Health, & Welfare Committee at 4:30 p.m. on the following dates: February 15, April 5, July 19, & September 20, 2022.

The Transportation Committee at 4:30 p.m. on the following dates: February 15, April 19 [4:00 p.m.], July 19, & September 20, 2022.

The Real Estate, Facilities, & Land Management Committee at 4:30 p.m. on the following dates: March 15, May 17, August 16, & October 18, 2022.

The Planning & Economic Development Committee at 4:30 p.m. on the following dates: March 15, May 17, August 16, & October 18, 2022.

The Budget, Finance, & Administration Committee at 9:00 a.m. on the following dates: February 18 [Strategic Planning Retreat] & March 18 [Budget Workshop] and 4:30 p.m. on the following dates: March 1, April 19, & May 3, 2022.

### U-STOR-IT Mini Warehouse

Inside • Outside • No Cameras  
Fenced • Not Gated • Lighted  
Old Clemson Hwy.  
**654-1000**

## Oconee County Council

Oconee County  
Administrative Offices  
415 South Pine Street  
Walhalla, SC 29691

Phone: 864-718-1023  
Fax: 864 718-1024

E-mail:  
[jennifercadams@oconeesc.com](mailto:jennifercadams@oconeesc.com)

John Elliott  
Chairman  
District I

Matthew Durham  
District II

Paul A. Cain  
Vice Chairman  
District III

Julian Davis, III  
Chairman Pro Tem  
District IV

J. Glenn Hart  
District V



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The Budget, Finance, & Administration Committee at 9:00 a.m. on the following dates: February 18 [Strategic Planning Retreat] & March 18 [Budget Workshop] and 4:30 p.m. on the following dates: March 1, April 19, & May 3, 2022.



## OCONEE CODE OF ORDINANCES

### Sec. 2-61. - Access to and conduct at county meetings, facilities and property.

(a) *Purpose.* The county council has determined that it is necessary to regulate access to county facilities, grounds and property in order to ensure the safety and security of the public who visit these areas or the county employees who serve them. The conduct of persons who visit county facilities and/or who have contact with county employees must also be regulated to preserve public order, peace and safety. The regulation of access and conduct must be balanced with the right of the public to have reasonable access to public facilities and to receive friendly, professional service from county employees. These regulations apply to all county facilities and meetings, as defined below, for and over which county council exercises control and regulation, and to the extent, only, not pre-empted by state or federal law.

(b) *Definitions.* The following words, terms and phrases, when used in this section, shall have the meanings ascribed to them in this subsection, except where the context clearly indicates a different meaning:

*Facility* means any building, structure, or real property owned, leased, rented, operated or occupied by the county or one of its departments, offices or agencies.

*Meeting* means any assemblage of persons for the purpose of conducting county governmental business, operations or functions or any assemblage of persons within a county governmental facility. The term "meeting" includes, but is not limited to, county council meetings, county board and committee and staff meetings, trials, hearings and other proceedings conducted in the courts of general sessions and common pleas, family court, master-in-equity, probate court and magistrate's court; and other meetings by entities duly authorized by the county council.

(c) *Prohibited acts.* It shall be unlawful for any person to:

- (1) Utter loud, obscene, profane, threatening, disruptive or abusive language or to engage in any disorderly or disruptive conduct that impedes, disrupts or disturbs the orderly proceedings of any meeting, or operations of any department or function of the county government, including, without limitation, speaking when not explicitly recognized and authorized to do so by the presiding official in such meeting.
- (2) Bring, carry, or otherwise introduce any firearm, knife with blade longer than two inches or other dangerous weapon, concealed or not concealed, into any facility or meeting. This prohibition does not apply to law enforcement personnel or any other person whose official, governmental duties require them to carry such firearm, knife, or other weapon.
- (3) Engage in partisan political activity, including speech, in any meeting not authorized and called for the purpose of partisan political activity and explicitly authorized for such purpose in the facility in which such activity is to be conducted, or refusing to cease such activity when the presiding official of the meeting in question has ruled that the activity in question is partisan political activity and has directed that such activity stop.
- (4) Interfere with, impede, hinder or obstruct any county governmental official or employee in the performance of his duties, whether or not on county government property.
- (5) Enter any area of a county government facility, grounds or property when such entry is prohibited by signs, or obstructed or enclosed by gates, fencing or other physical barriers. Such areas include rooms if clearly marked with signs to prohibit unauthorized entry.
- (6) Enter by vehicle any area of a county governmental facility, grounds or property when such area is prohibited by signs or markings or are obstructed by physical barriers; or park a vehicle in such restricted areas; or park in a manner to block, partially block or impede the passage of traffic in driveways; or park within 15 feet of a fire hydrant or in a fire zone; or park in any area not designated as a parking space; or park in a handicapped parking space without proper placarding or license plate; or park in a reserved parking space without authorization.



# Public Comment

## SIGN IN SHEET

6:00 PM

June 7, 2022

The Public Comment Sessions at this meeting is limited to a total of 40 minutes, 4 minutes per person. Please be advised that citizens not utilizing their full four [4] minutes may not "donate" their remaining time to another speaker.

**PLEASE PRINT**

	FULL NAME	PURPOSE OF COMMENT
1	Pastor Carleatha Benson	Concerns: Care of County Rds, Noise, Cleansing of drains
2	Monica Alles White	Don Polk Proclamation
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Everyone speaking before Council will be required to do so in a civil manner. Council will not tolerate personal attacks on individual council members, county staff or any person or group. Racial slurs will not be permitted. Council's number one priority is to conduct business for the citizens of this county. All citizens who wish to address Council and all Boards and Commission appointed by Council should do so in an appropriate manner.



# PUBLIC HEARING SIGN IN SHEET

## Oconee County Council Meeting

June 7, 2022 ~ ~ 6:00 p.m.

**ORDINANCE 2022-01** AN ORDINANCE TO ESTABLISH THE BUDGET FOR OCONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR ORDINARY COUNTY PURPOSES, FOR THE TRI-COUNTY TECHNICAL COLLEGE SPECIAL REVENUE FUND, FOR THE EMERGENCY SERVICES PROTECTION SPECIAL REVENUE FUND, FOR THE ROAD MAINTENANCE SPECIAL REVENUE FUND, FOR THE BRIDGE AND CULVERT CAPITAL PROJECT FUND, FOR THE ECONOMIC DEVELOPMENT CAPITAL PROJECT FUND, FOR THE PARKS, RECREATION, AND TOURISM CAPITAL PROJECTS FUND, FOR THE DEBT SERVICE FUND, FOR THE VICTIM SERVICES SPECIAL REVENUE FUNDS, FOR THE CAPITAL VEHICLE / EQUIPMENT FUND, ALL IN OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2022 AND ENDING JUNE 30, 2023.

**ORDINANCE 2022-02** AN ORDINANCE TO ESTABLISH THE BUDGET FOR THE SCHOOL DISTRICT OF OCONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR THE OPERATIONS OF THE SCHOOL DISTRICT OF OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2022 AND ENDING JUNE 30, 2023.

**ORDINANCE 2022-03** AN ORDINANCE TO PROVIDE FOR THE LEVY OF TAXES FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT AND TO ESTABLISH THE BUDGET FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT FOR THE FISCAL YEAR BEGINNING JULY 1, 2022 AND ENDING JUNE 30, 2023.

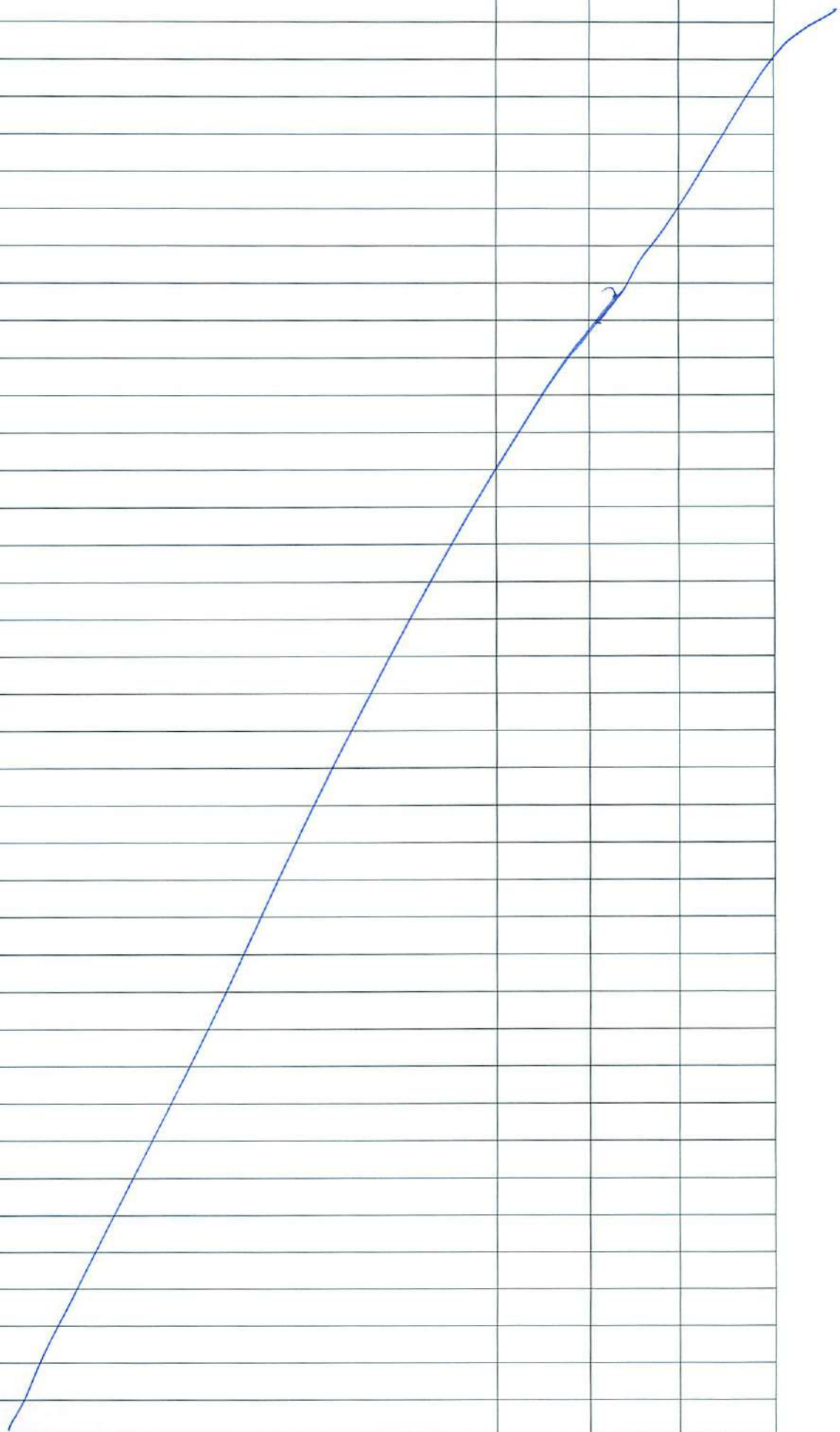
Everyone speaking before Council will be required to do so in a civil manner. Council will not tolerate personal attacks on individual council members, county staff or any person or group. Racial slurs will not be permitted. Council's number one priority is to conduct business for the citizens of this county. All citizens who wish to address Council and all Boards and Commission appointed by Council should do so in an appropriate manner.

Written comments may be submitted at any time prior to the hearing for inclusion in the official record of the meeting.

### PRINT Your Name & Check Ordinance[s] You Wish to Address

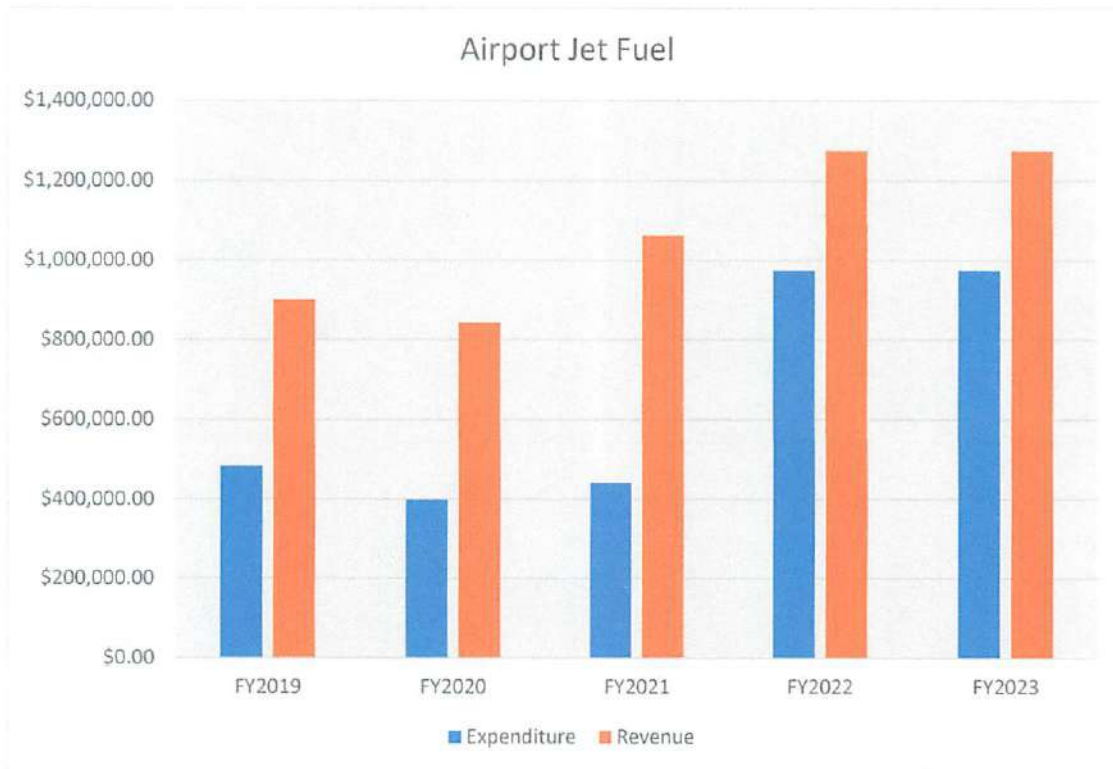
	Ordinance #	2022-01	2022-02	2022-03
1.	Matthew Durham			
2.	Mickey HANEY			
3.	Wanda OWENS	X		
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# Airport Jet Fuel (720)

	Expenditure	Revenue	% of change from the exp. to rev.	Exp. - Rev.
FY2019	\$484,244.00	\$901,049.00	86.07%	\$416,805.00
FY2020	\$399,063.00	\$843,080.00	111.26%	\$444,017.00
FY2021	\$442,361.00	\$1,061,741.00	140.02%	\$619,380.00
FY2022	\$975,000.00	\$1,275,000.00	30.77%	\$300,000.00
FY2023	\$975,000.00	\$1,275,000.00	30.77%	\$300,000.00



Mickey Haney